



C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 28, 2011

Heather Davis, Administrator Home Again ICF 2311 Aruba Drive Nampa, ID 83686

Provider #13G078

Dear Ms. Davis:

On February 14, 2011, a complaint survey was conducted at Home Again ICF. The complaint allegations, findings, and conclusions are as follows:

#### Complaint #ID00004927

Allegation: Staff are not providing adequate supervision.

Findings: An unannounced on-site investigation was conducted from 2/7/11 - 2/14/11. During that time, observations, record review, and staff and individual interviews were conducted with the following results:

The facility's accident/injury records and investigation documents from 7/1/10 - 2/7/11 were reviewed.

- One investigation document, signed and dated by the Administrator 8/9/10, documented a staff member had broken line-of-sight supervision for the individual he was responsible for by allowing the individual to go into the back yard with other individuals and staff. The staff was counseled and re-trained.
- One investigation document, dated 2/4/11, stated an individual reported staff had not been supervising him in the community and he was able to engage in inappropriate sexual contact with another individual. The incident was investigated by the facility and the police. Neither found

Heather Davis, Administrator February 28, 2011 Page 2 of 2

the allegation to be valid.

Observations were conducted at the facility, on 2/7/11 and 2/8/11, for a cumulative 3 hours 34 minutes. During that time, appropriate numbers of staff were noted to be present to supervise individuals. Additionally, no individuals were noted to be unsupervised during observations.

Four individuals were selected for review. None of the individuals' records showed evidence of supervision needs not being meet.

The facility's community outing sheets were reviewed. All outings documented sufficient numbers of staff were present to provide supervision for individuals in the community. Additionally, the facility's as-worked schedules were reviewed from 11/1/10 - 1/31/11. The schedules documented sufficient numbers of staff present on all shifts to meet individuals' supervision needs.

Two individuals residing in the facility were interviewed, on 2/7/11 from 2:45 - 4:15 p.m. Neither individual reported incidents of staff not being present or providing supervision.

Eight direct care staff were interviewed, on 2/7/11 from 2:45 - 4:15 p.m. and 2/8/11 from 8:00 - 8:20 a.m. All 8 staff were able to state the supervision needs of the individuals residing at the facility. Further, all staff denied knowledge of individuals not having adequate supervision.

Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Sichaela Case, Law

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

MICHAEL CASE

Health Facility Surveyor

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MC/srm



C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSDM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0009 Boise, ID 83720-0009 PHONE 208-334-6826 FAX 208-364-1888

CERTIFIED MAIL: 7003 0500 0003 1966 8596

February 28, 2011

Heather Davis, Administrator Home Again ICF 2311 Aruba Drive Nampa, ID 83686

RE: Home Again ICF, Provider #13G078

Dear Ms. Davis:

Based on the complaint survey completed at Home Again ICF on February 14, 2011, by our staff, we have determined that Home Again ICF is out of compliance with the Medicaid Intermediate Care Facility for People with Intellectial Disabilities (ICF/ID) Conditions of Participation on Client Protections (42 CFR 483.420) and Client Behavior & Facility Practices (42 CFR 483.450). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused these conditions to be unmet, substantially limit the capacity of Home Again ICF to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

#### <u>It is important</u> that your Credible Allegation/Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient

Heather Davis, Administrator February 28, 2011 Page 2 of 3

practice and what corrective action(s) will be taken;

- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed.

Sign and date the form(s) in the space provided at the bottom of the first page.

Such corrections must be achieved and compliance verified by this office, before March 30, 2011. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than March 18, 2011.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by <u>March</u> 10, 2011.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of <u>IDAPA 16.03.11.320.04</u>, Home Again ICF ICF/ID is being issued a Provisional Intermediate Care Facility for People with Intellectial Disabilities license. The license is enclosed and is effective February 14, 2011, through June 14, 2011. The conditions of the Provisional License are as follows:

- 1. Post the provisional license.
- 2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to <u>IDAPA 16.03.11.350</u>.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **March 25, 2011**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Heather Davis, Administrator February 28, 2011 Page 3 of 3

> Randy May, Deputy Administrator Division of Medicaid -- DHW PO Box 83720 Boise, ID 83720-0036 Phone: (208)364-1804

Fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues, which are not raised at an administrative review, may not be later raised at higher level hearings (IDAPA\_16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

#### www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by March 10, 2011. If a request for informal dispute resolution is received after March 10, 2011 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If your have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

MICHAEL CASE

Health Facility Surveyor

ichaela Case, 18W

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MC/srm Enclosures C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

February 28, 2011

Heather Davis, Administrator Home Again ICF 2311 Aruba Drive Nampa, ID 83686

Provider #13G078

Dear Ms. Davis:

On February 14, 2011, a complaint survey was conducted at Home Again Icf. The complaint allegations, findings, and conclusions are as follows:

#### Complaint #ID00004937

Allegation #1: Individuals' guardians are not provided with sufficient or requested information.

Findings #1: An unannounced on-site investigation was conducted from 2/7/11 - 2/14/11. During that time, observations, record review, and staff and guardian interviews were conducted with the following results:

The facility's accident/injury records and investigation documents from 7/1/10 - 2/7/11 were reviewed. Three of the investigation documents did not include documentation the individuals' guardians had been notified of the events or investigations.

Two guardians were interviewed, on 2/10/11 and 2/14/11. One guardian stated the facility provided them with information as requested. The second guardian stated communication with the facility had been a problem and they had not been receiving the information they wanted. However, the guardian stated they had recently spoken with the facility to address the issue. Additionally, the guardian stated they had received requested information from an individual's counselor without realizing the counselor was also a contracted employee of the facility and acting on behalf of the facility.

Heather Davis, Administrator February 28, 2011 Page 2 of 5

The Administrator was interviewed, on 2/11/11 from 10:30 a.m. - 12:25 p.m. The Administrator stated the facility did make contact with guardians to notify of significant events, but the notifications were not being documented.

it could not be substantiated guardians were not being provided with information as requested. Therefore, due to a lack of sufficient information the allegation was unsubstantiated.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Individuals behavioral data is not accurately reported to psychiatric providers.

Findings #2: An unannounced on-site investigation was conducted from 2/7/11 - 2/14/11. During that time, record review and staff interviews were conducted with the following results:

Four individuals were selected for review. All 4 individuals' records included a sheet, titled Behavioral Tally Data, that listed categories of maladaptive behaviors and listed a number following each category. Each sheet contained behavioral data for a month. No additional data (i.e. narrative data, specific incidents, etc.) was included on the Behavioral Tally Data sheets.

During an interview on 2/11/11 from 2:50 - 4:35 p.m., the Assistant Qualified Mental Retardation Professional (AQMRP) and the Qualified Mental Retardation Professional (QMRP) both stated the AQMRP completed the tally sheets after reviewing individuals' behavior data. The AQMRP created the categories based upon the information listed in individuals' behavior data. The QMRP stated the Behavioral Tally Data was sent with individuals to their psychiatric appointments where decisions related to medication adjustments were made. The QMRP stated no additional information was compiled and sent with individuals to psychiatric appointments. The QMRP or AQMRP did not attend individuals psychiatric appointments.

The Administrator, who was present during the interview with the QMRP and AQMRP, stated the facility's Licensed Practical Nurse (LPN) took the information and the individuals to psychiatric appointments.

During a telephone interview on 2/14/11 from 8:53 - 9:04 a.m., the facility's LPN stated she took the tally information to the psychiatric appointments. The LPN stated medication adjustments were based upon that tally information and any anecdotal information she may have from speaking with the one of the facility's AQMRPs and the Resident Services Manager (the facility's office manager). The LPN stated she sometimes received anecdotal information from the Administrator or QMRP, but stated she did not take specific information related to individuals' behaviors to the appointments.

Heather Davis, Administrator February 28, 2011 Page 3 of 5

The facility did not provide sufficient information to the psychiatric provider related to individuals' maladaptive behavior on which to base medication adjustment decisions. Therefore, the allegation was substantiated and deficient practice was cited at W159 and W252.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #3: Individuals are over medicated.

Findings #3: An unannounced on-site investigation was conducted from 2/7/11 - 2/14/11. During that time, observations, record review, and guardian interviews were conducted with the following results:

Observations were conducted at the facility, on 2/7/11 and 2/8/11, for a cumulative 3 hours 34 minutes. During that time, individuals were noted to be active and engaged in routine activities. There was no observable evidence that individuals were over medicated (i.e., individuals were not lethargic, sleeping, etc.).

Two guardians were interviewed, on 2/10/11 and 2/14/11. One guardian stated they had no concerns regarding the medications given to the individual, and stated they were kept informed of all medication changes. The second guardian did not express concerns about the individuals medications.

Four individuals were selected for review. All 4 individuals' records documented the individuals received behavior modifying medications. However, there was no documentation that indicated individuals were overmedicated. Additionally, one individuals record documented behavior modifying drugs had been reduced and certain drugs eliminated.

Therefore, due to a lack of sufficient information the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: Individuals' appointments are cancelled due to a lack of qualified staff and guardians are not notified of the cancellations.

Findings #4: An unannounced on-site investigation was conducted from 2/7/11 - 2/14/11. During that time, record review and staff and guardian interviews were conducted with the following results:

The facility's appointment calendar was reviewed from 11/1/10 - 2/7/11. The calendar documented the following:

Heather Davis, Administrator February 28, 2011 Page 4 of 5

- Dental appointment for individuals had been cancelled on 12/15/10 and 12/28/10. During an interview on 2/11/11 from 10:30 a.m. 12:25 p.m., the Administrator stated the appointments had been cancelled by the dental office. The appointments were later rescheduled.
- A Dermatologist appointment for an individual had been cancelled on 11/1/10. During an interview on 2/11/11, from 10:30 a.m. 12:25 p.m., the Administrator stated the appointment had been cancelled at the dermatologists request and had been rescheduled 12/21/10.
- A counseling appointment for an individual had been cancelled on 12/14/10. During an interview on 2/11/11, from 10:30 a.m. 12:25 p.m., the Administrator stated the appointment had been cancelled at the counselors request and had been rescheduled for 1/11/11.
- An individuals psychiatric appointment had been cancelled on 1/6/11. During an interview on 2/11/11 from 10:30 a.m. 12:25 p.m., the Administrator stated the appointment had been set by the individual's mother who was not the custodial guardian. The Administrator stated the facility was made aware of the appointment after the fact, and that the facility's nurse had a conflicting appointment and could not attend. Given the facility needed to attend the appointment with the individual and the individual's mother did not have the authority to make the appointment, the appointment was cancelled and rescheduled.

Two guardians were interviewed on 2/10/11 and 2/14/11. One guardian stated she was not aware of the individual's appointments; however, she did not request to be informed. The guardian stated she did not have concerns with regards to the individual's appointments.

The second guardian stated an appointment had been made by an individual's mother who was not the custodial guardian. The guardian stated she was not aware the individual's mother was unable to make appointments without speaking with the facility first. The guardian stated she had met with the facility and the concern had been resolved.

The facility's records did document individuals' appointments had been cancelled. However, the cancellations were at the request of the service provider or for reasonable causes. Therefore, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208)

Heather Davis, Administrator February 28, 2011 Page 5 of 5

334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

MICHAEL CASE

Health Facility Surveyor

Afichaela Casa, 18W

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MC/srm

PRINTED: 02/28/2011 FORM APPROVED OMB NO. 0938-0391

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1000 A	report are: ABC - Antecedent,	ions/symbols used in this  Behavior, Consequence eficit Hyperactive Disorder			Attatahe		. 1
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	PBSP - Positive Be PRN - As Needed PTSD - Post Traum	havior Support Plan natic Stress Disorder			FACILITY STA	NDARDS	
	QMRP - Qualified M Professional RN - Registered Nu						
W 122	, -		W 1	122			
	The facility must en protections requirer	sure that specific client ments are met.		A none			
							5
		s not met as evidenced by:					
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) OATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: M9F011

Facility ID: 13G078

If continuation sheet Page 1 of 100

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 122	procedures, suicide investigations, reco it was determined to necessary client provere taken to proteideation, and failed policies related to a mistreatment. The effective systems to individual's assessifullowing suicidal inconstituted serious health and safety of these failures result administrator notifications.	if the facility's policies and assessment forms, and review, and staff interviews the facility failed to provide the otections and ensure steps and and immediate jeopardy to the fan individual. Additionally, ted in a lack of insufficient corrective action.	<b>W</b> 1	22			
W 149	failure to adequate necessary to preverse assessment and management and procedures for suice for abuse, review of review of investigations.	FF TREATMENT OF  evelop and implement written	<b>W</b> 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
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W 149	implement policies of individuals' asses following suicidal id from abuse, neglect failure directly impart (Individuals #1, #2, potential to impact suicidal ideation, or were made. This reindividuals to be un and/or mistreatment and monitored for sin one individual be jeopardy. The findi 1. The facility's Suicidated 1/11/10, state verbalized suicide in presents an immed themselves will be careful assessment by direct care staff and other members determined that the threat to themselve The Policy stated "I ideation or demons serious threat to hir nursing staff, Admir social worker shall QMRP, Nursing staff Administrator/AOD has any high risk far Guidelines for Suiciand the Scales of SThe Policy further s	necessary to prevent neglect ssment and monitoring needs deation and protect individuals at and/or mistreatment. That acted 5 of 8 individuals #5, #6, and #8), and had the all individuals who engaged in for whom abuse allegations esulted in the potential for approtected from abuse, neglect and to be insufficiently assessed suicidal ideation, and resulted eing placed in immediate ings include:  cide Policy and Procedure, ed "All residents who have ideation, or acted in a way that diate and/or serious threat to provided close observation, t, and a protective environment (DCS), QMRP, nursing staff, is of the IDT until the IDT has a resident no longer presents a		149			

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W 149	complete the scales the phone if they are to the facility."  Attached to the Poli "Guidelines for Suici The form included at the completion of the Also attached to the "Scale of Suicide Id Kovacs, and A. We Beck Scale of Suicide to be completed by The form consisted - Wish to live - Wish to die - Reasons for living - Desire to make ac - Passive suicidal d - Time dimension: If ideation/wish - Time dimension: If (unexplained) - Attitude toward idea	MRP, or psychologist to sof suicide ideation form over e unable to come immediately icy was a form titled side Assessment and Action." a list of instructions regarding he Scale of Suicide Ideation.  Policy was a form titled eation" by A. Beck, M. issman, also known as the de Ideation.  It Ideation form stated it was the QMRP or nursing staff, of the following 19 categories:  Idying stive suicide attempt esire  Duration of suicide  Frequency of suicide  Frequency of suicide  Eation/wish dal action/acting out wish we attempt	W	149	DEFICIENCY		
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W 149	- Final acts in antic - Deception or cond suicide Each section was s	•	W	149			
	and 2 a moderate the Guidelines for Suice stated the person of use their "own skills obtain answers from assessed, and state form could ask staff.	o strong association. The ide Assessment and Action completing the Scale was to s" to reword the questions to m the individual being ed the person completing the for additional information. additional space for narrative					
,	"starting point" for a provide sufficient in determine an indivi provided initial info	om, describe the form as a assessment. The form did not assessment in and of itself to duals risk for suicide, but remation to be used with the ment of a practitioner trained in					
	10:35 a.m., the Adr	e conference on 2/7/11 at ministrator provided the d Scale of Suicide Ideation					
		m. for Individual #2. The form Direct Care Staff E and score					
		m. for Individual #2. The form Direct Care Staff B and score					
	- 1/9/11 at 11:30 a.	m. for Individual #5. The form					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		Direct Care Staff C and scored	••	140			
		m. for Individual #1. The form Direct Care Staff B and scored					5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
· 		o.m. for Individual #5. The d by Direct Care Staff D and					
	nursing staff, Admi Social Worker had the completion of the facility's policy. Ad- documented nursing psychologist completions.	documented the QMRP, nistrator/AOD, or Clinical been notified or participated in the assessment as per the ditionally, none of the forms a staff, the QMRP, or the letted the forms over the assistance of direct care staff.					
	1:20 p.m., the Adm additional documer suicidal ideation, ar policy had not been stated she had no suicide assessmen facility's Clinical So Scale of Suicide Ide stated she had the complete the form.	on 2/8/11 from 11:25 a.m inistrator stated there was no ntation regarding individuals' nd stated the facility's suicide in followed. The Administrator specialized training regarding it, but had been trained by the locial Worker to complete the eation form. The Administrator in trained direct care staff to The Administrator stated she RN had received specialized assessment.					
		did not possess the necessary raining to adequately assess risk.					
	During an interview	on 2/9/11 from 9:37 - 9:41					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686	, , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	facility in 10/10. Sta had reviewed the fabriefly on the day sla "blur." Staff D stareviewed again in a asked about the So Staff D stated she had seen some she did not use the gathered the inform 1/21/11 form, but fill During an interview a.m., Staff E stated for approximately o trained on the facilit completion of Scale the Administrator on E stated if a form windividual scored "O to be taken.  During an interview a.m., Staff C stated for 3 months. Staff on the facility's suicide facility's AQMRPs. received no addition suicidal ideation or Attempts were made but Staff B no longer Without sufficient trassessment of suicident assessment of suicident ideal ide	I she began working for the aff D stated the Administrator acility's suicide policy with her he was hired, but stated it was ated the suicide policy was recent staff meeting. When had not been trained on use of any aware of the form because each else use it. Staff D stated actual form when she nation noted on Individual #5's actual form in afterwards.  I on 2/9/11 from 10:15 - 10:20 he had worked for the facility of Suicide Ideation form by any the day he was hired. Staff was completed and the of unadditional action needed of the had worked for the facility of C stated he had been trained and training with regards to	W	149			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU		NG	COMPLETED		
		13G078	B. WI	NG _		02/14	2 4/2011
	ROVIDER OR SUPPLIER		•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPOPULATION OF THE APPOPU	OULD BE	(X5) COMPLETION DATE
W 149	completion of the swithout input from in suicide assessment of the suicide assessment of the suicide assessment of the suicide assessment of the suicide as the suicide of the stated staff were suicided and the protocol with the use of the stated staff were suicided and the protocol with the suicided of the suicided o	owing threats of suicide by Scale of Suicide Ideation form a qualified professional trained nent.  In interview on 2/8/11 from 7:10 MRP stated the Scale of Suicide to be completed by whatever as working with the individual rat. The QMRP stated he felt, form, direct care staff could tion that an individual was not when asked about staff tion of the form, the QMRP hown how to complete the form as attached to the front of the diff the protocol referred to was Suicide Assessment and stated "yes."  Interview on 2/11/11 from 2:50 MRP stated he had been e Scale of Suicide Ideation istrator when he was hired, but received specialized training ideation or risk assessment illity or through outside sources.	W	149			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		13G078	B. WING	3	C 02/14/2011	
	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 149	QMRP, RN, or LPN stated she was at the but had not been as Suicide Ideation for when any forms had Clinical Social Work would be sufficiently determinations of risuicide Ideation for Worker stated she employed by the farmake a clinical assideation and risk.  Record review was 2/9/11 for Individual IPP stated he was a diagnoses included features, ADHD, m mood disorder.  Individual #2's reconschool, dated 12/10 "rough week" and "separate occasions of the two incidents Individual #2 begand going to kill himself shoe laces - we renthis process removattempting to wrap thermal pants wrap times and was pullithem - he ended up room"	I. The Clinical Social Worker he facility almost every week, sked to review any Scale of ms and had never been called d been completed. The ker stated she did not feel staffly trained to make sk based upon the Scale of ms alone. The Clinical Social was not aware of anyone else cility that had been trained to essments regarding suicidal conducted at the facility on ls #1 - #4. Individual #2's 5/10 a 13 year old male whose bipolar mixed with psychotic ild mental retardation, and rd included an e-mail from his 0/10, that stated he had a threatened self-harm on two s." The e-mail stated the worst took place on 12/10/10 where thought to remove his moved his shoes, he continued ing each piece of clothing it around his neck - he had his ped around his neck several ing them tighter - we removed in the nude in the quiet	W 14	19		
	Administrator to the	e school, dated 12/13/10, oliday time is very hard for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G078	B. WI	NG		1	C <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	[Individual #2] beca familyWe have so wellI think he is justiced in Individual #2's recomposed additional document suicide watch when school, that addition completed by a quaplans were implemeduring future episod behavior. Additionanursing and psychia 2/9/11, did not inclup sychiatrist or courevents of 12/10/10.  Further, Individual adocument titled "IC Assessment," date threatened suicide living at his two preadmission to the fall Individual #2's 5/10 Behavior Support For directions to staff attempts.  During an interview p.m., the Administrator state include information attempts.  In sum, the facility I I deation form to assess the suicide information attempts.	ause he can't be with his een him struggle at home as ust really sad."  and did not contain any entation that he was put on a man he returned home from enal assessments were calified professional, or that ented to ensure his safety des of suicidal ideation or cally, review of Individual #2's catric notes, from 7/1/10 - cude documentation that the enselor had been notified of the	W	149			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		13G078	B. WI	۱G _			C 4/ <b>2011</b>
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION OATE
W 149	policy, the QMRP, I Worker, or Adminis if an individual had However, per intervollinical Social World QMRP, and direct of sufficient training to and adequately associated the had mobile the had no objective threats.  Further, on 12/10/1 significant suicidal gwrapping clothing times and action taken the incident, no plan or threats, and no obeen reported to Incounselor.  The facility failed to staff training, and pnecessary to keep engaged in suicidal Note: The facility procrection, on 2/9/1 any individual that would be completed to staff, a Scale would be completed results immediately Licensed Clinical Staff Would gather the staff of	Nursing staff, Clinical Social trator/AOD were to determine high risk factors for suicide. Fiew with the Administrator and ker, the facility's Administrator, care staff did not have implement the facility's policy less individuals' risk.  Lual #2's assessments add multiple suicide threats are or plans to address those  O Individual #2 made gestures that included ghtly around his neck. There is by the facility with regards to his to address future attempts addividual #2's psychiatrist or provide sufficient systems, rogram development andividual #2 safe when he	W	149			

AND PLAN OF CORRECTION DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	A. BUILDING	С	
13G078	B. WING	02/14/2011	
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLÉTION	
W 149 Continued From page 11 items to remove if needed, and the individual would remain on suicide watch until the LCSW deemed the individual safe. All staff were to be trained on the new procedures prior to working with individuals residing at the facility.  Based on staff interviews conducted on 2/10/11 at 9:00 a.m., the immediate jeopardy was abated.  2. Refer to W153 as it relates to the facility's failure to ensure all allegations of abuse were immediately reported to the administrator.  3. Refer to W154 as it relates to the facility's failure to ensure all allegations of abuse, neglect and mistreatment were thoroughly investigated.  4. Refer to W157 as it relates to the facility's failure to ensure sufficient corrective action was implemented to prevent recurrence of late administrator notification.  W 153 W 153 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on review of investigations, review of the facility's abuse policy, and staff interviews it was determined the facility failed to ensure all allegations of abuse were immediately reported to the administrator for 2 of 5 individuals (Individuals #5 and #6) for whom abuse was alleged. This	W 153		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		13G078	B. WING _		C <b>02/14/2011</b>		
	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP COD 311 ARUBA DRIVE NAMPA, ID 83686			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 153	resulted in the pote occur. Findings in occur. Findings was defined revilement, exploited disregard of the inductor. Staff member who of abuse were to the individual and recharge immediately member in charge QMRP and Administration. The Policy was not a. A Client Signification was a places." Indivistant of staff her brother bad places." Indivistant of the incident to the swhich time the Administration and interview 1:20 p.m., the Administration had not addressed by the first occur. A QMRP 8/20/10, dallegations, on 8/17 her and made her investigation docur not notified until 8/10.	initial for on-going abuse to clude:  Ise Policy, undated, stated as "the ill-treatment, violation, ation and/or otherwise lividual, whether purposeful or s, inattentiveness, or omission. The Policy further stated any witnessed or received reports ake immediate action to protect actify the staff member in y. The Policy stated the staff was to immediately notify the strator.  Implemented as follows:  ant Event Report, dated ed Individual #6 had reported as father had "touched her in dual #6 made the disclosure to exever the staff did not report staff in charge until 8/18/10, at an inistrator was also notified.  If on 2/8/11 from 11:25 a.m inistrator stated the late abeen identified as an issue or actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.  In undated but signed by the ocumented Individual #5 made actility.	W 153				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		G	COMPLETED		
		13G078	B. WI	NG_	<u> </u>	1	C 4/2011
	ROVIDER OR SUPPLIER		<b>I</b>	23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 153	1:20 p.m., the Adm notification had not addressed by the fa The facility failed to abuse were immed Administrator.	inistrator stated the late been identified as an issue or	W	153			
	This STANDARD is Based on review of review of investigate determined the faciallegations of abust. This directly impact (Individuals #1, #2, abuse was investig impact all individual abuse, neglect or in This resulted in an	ave evidence that all alleged ughly investigated.  Is not met as evidenced by: If the facility's abuse policy, it ions and staff interview, it was allity failed to ensure all e were thoroughly investigated. It is determined to the stand #8 is for whom alleged at and had the potential to the stand #8 is for whom allegations of the instreatment were alleged. It is absence of appropriate of the standard was alleged.	COMPANY CONTRACTOR OF THE PARTY	a dometry .			
	1. The facility's Abuincidents of unknown mistreatment, neglethoroughly investigations the Adrinvestigations relationeglect, or mistreat 2/7/11. The Administrations and the Administration of the Adm	use Policy, undated, stated "All vn origin and allegations of ect, threats, or abuse shall be ated by the IDT"  e conference on 2/7/11 at ministrator was asked for allegations of abuse, the tonducted from 7/1/10 - istrator provided several curvey team as completed		TO TO THE STATE OF			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI			COMPLETED		
		13G078	B. WIN	IG		C 02/14/2011	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COI 2311 ARUBA DRIVE NAMPA, ID 83686				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 154	investigations.  The documents pr format (i.e., some some written reprired and did not contain regarding who commethods used to of frames within whice completed, or consinformation gather process.  During an interview 1:20 p.m., the Adminot have a standar investigations. The not sure how much included in an investigations were documents provided in the ensure thorough investigations were documents provided in not contain sufficiently to ensure thorough investigations.  a. A single page definitely investigation, date been acting as charactering as chara	ovided were not of a consistent were labeled investigations, mands, some untitled, etc.), in consistent information inpleted the investigation, the complete the investigation was sistent documentation of the ed during the investigation.  If you 2/8/11 from 11:25 a.m ininistrator stated the facility did redized format for completing e Administrator stated she was in detailed information could be estigation document.  If you complete the investigations is developed and implemented in and comprehensive expended investigations if cient information to indicate the ed as completed investigations if cient information to indicate the ed 1/24/11, stated a staff had arge staff while on probation, wed by the facility. During that individual residing at the facility and had a specific plan. The me individual on suicide watch ty, and failed to complete a reding to facility policy. The staff worker she would "deal with it in	W	154			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		13G078	B. WING		C 02/14/2011	
	PROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP C 2311 ARUBA DRIVE NAMPA, ID 83686	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 154	the morning."  The document was written reprimand a documentation of a including the name threatened suicide, how the incident wadates of staff or ind documentation of winterviews, or review (i.e., staffing during ABC Forms, etc.) the information regarding the provide additional documer investigation. The not provide additions pecifics of the inciconfidentiality.  b. A single page do the Administrator 8 of sight supervision facility. The form a another individual supervision facility. The form a another individual interviews.  During an interview 1:20 p.m., the Admadditional informational informat	written in the form of a staff and did not contain thorough investigation of the individual who specific information regarding as discovered, or names and dividuals interviewed, what was said during those who of documentation/records the alleged time, shift notes, nat could provide additionaling the situation.  If on 2/8/11 from 11:25 a.m inistrator stated there was no natation regarding the Administrator stated she did nat information related to dent due to concerns of a individual residing at the leso stated the staff told she had a "bad voice."  Inot include information related at took place, how they were mation related to staff and second related to staff and second related to staff and second regarding the incidents and ocument, titled "Final Written"	W 18	54		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING _		(	
		13G078	D. WING _		02/14	4/2011
HOME A	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 154		Reprimand stated the	W 154			
	of a suspension wit stated the staff had work performance in document listed thr included failure to p to individuals residin watching television outside), unprofess residents (using sa violation of the corr (repeatedly posting	thout pay." The document previously been informed of not meeting expectations. The ee specific incidents which provide adequate supervisioning at the facility (described as while an individual went alional communication with the reasm and teasing), and appany cell phone policy on a web-based community one over a 3 hour period).				
	include specific info allegations such as and times of the all incidents were disc staff interviewed, de during those intervi	Written Reprimand did not ormation related to each of the individuals involved, dates eged incidents, how the overed, names and dates of ocumentation of what was said ews, or review of facility could provide additional ng the allegations.				
	documented the sta sexually harassed a individuals residing was no indication the to ensure potential	nal Written Reprimand aff had intimidated and a female coworker in front of at the facility. However, there ne incidents were investigated psychological abuse had not gard to the individuals residing				
	1:20 p.m., the Adm additional informati	on 2/8/11 from 11:25 a.m inistrator stated there was no on regarding the alleged ninistrator stated there was no				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		13G078	B. WII	NG_		C 02/14/2011	
	PROVIDER OR SUPPLIER			:	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686	O das 1	7/2011
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 154	c. A single page do Abuse Investigation Individual #2 allege of their hand.  The "Investigation" stated interviews w Staff and "other state the document did not to who those individual times they were interviewed (i. or documentation of interviews. Addition indicate when the inincident, allegation, on the date of the dwas made to, or who During an interviewed 1:20 p.m., the Admineded to contain red. A single page do Investigation," date alleged he had bee inappropriate sexual room due to a lack. The "Investigation" stated interviews had all Charge Staff not contain specific and dates of individed documentation of well as the single page in the staff of the individed ocumentation of well as the single page in the staff of the individed ocumentation of well as the single page in the staff of the individual contain specific and dates of individed ocumentation of well as the single page in the sin	thorough investigation.  cument titled "[Staff Name] n," dated 1/28/11, stated d a staff hit him with the back  section of the document ere conducted with Charge ff and residents." However, ot contain information related duals and staff were, dates and erviewed, in what manner they e., individually or in a group), if what was said during the hally, the document did not incident took place, if the and interviews all took place locument, who the allegation no conducted the investigation.  on 2/8/11 from 11:25 a.m inistrator stated the document more specific information.  cument titled "[Individual #1] d 2/4/11, stated Individual #1]	W	154			

		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		13G078	B. WI	NG		1	C I <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 111 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 154	outside the facility of facility records to incident could have of who completed.  During an interview 1:20 p.m., the Adm documentation of a e. A single page do Investigation," und 8/20/10, included to statements, one tit the second titled "S document did not a documentation of a but documented in made her uncomformation related investigation, how completed, names staff interviewed.  During an interview reviewed.  During an interview 1:20 p.m., the Adm did not contain sufthrough investigation," und father received a to #8's school stating	that were interviewed, review o determine when and if the e occurred, or documentation	W	154			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G078	B. WI	<b>√</b> IG			C 4/2011
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 3111 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 154	The "Investigation" stated the facility's called the school a teacher" Individual consecutive days whis backpack. The document stated the found the items we outing on the week. However, the document dates of staff in what was said during facility records to in incident had occurr. During an interview 1:20 p.m., the Admidid not contain sufficient care staff on had been found to side of his face. The stated the origins of Hand-written notes by the staff comples staff say they were behavior." Attaches single hand-written the Administrator of were retrained to rehitting himself.	section of the document Residential Service Manager and was informed by "the #8 had come to school on two with the same wet clothing in "Findings" section of the see Residential Service Manager re swim clothing from a swim end.  ment did not indicate the date tion was received, the names interviewed, documentation of the interviews, or review of adicate when and how the med.  on 2/8/11 from 11:25 a.m inistrator stated the document	W	154			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	13G078	B. WING		C 02/14/2011	
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF		23	EET ADDRESS, CITY, STATE, ZIP CODE 111 ARUBA DRIVE AMPA, ID 83686		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
During an interview 1:20 p.m., the Adm did not contain suff The facility failed to potential abuse, nethoroughly investig 483.420(d)(4) STA CLIENTS  If the alleged violate corrective action must straightful and mistreatment.  This STANDARD Based on review or interview, it was deen use appropriate for 2 of 5 individual whom investigation resulted in a lack or immediate reporting and mistreatment.  The facility's Abustin the IDT team sheevent to see what, changes need to be abuse, threats, negwill not happen again corrective action has reoccurrence."  a. A Client Signification and the signification of the significant of	information about the incident.  y on 2/8/11 from 11:25 a.m inistrator stated the document ficient detail.  o ensure all allegations of eglect, and mistreatment were ated.  FF TREATMENT OF  ion is verified, appropriate	W 157			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G078	B. WIN	NG_		C 02/14/2011	
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 157	staff on 8/6/10. Hot the incident to the swhich time the Adm.  The document did rimmediately notify tidentified as an issucorrective action had not 1:20 p.m., the Administrator staff training regard implemented to ensure take place.  b. An Investigation, AQMRP on 8/20/10 made allegations, ostarring at her and in The Investigation downs not notified until The document did rimmediately notify tidentified as an issucorrective action had not 1:20 p.m., the Administrator staff training regard implemented to ensure take place.	owever, the staff did not report staff in charge until 8/18/10, at ministrator was also notified.  not indicate that failure to the Administrator had been ue, or that appropriate ad been completed.  on 2/8/11 from 11:25 a.m inistrator stated the late been identified as an issue. Stated no corrective action (i.e., ding notification) was sure repeat occurrences did  undated but signed by the D, documented Individual #5 on 8/17/10, that a staff was made her feel uncomfortable. Iocumented the Administrator til 8/18/10.  not indicate that failure to the Administrator had been ue, or that appropriate		157			
	taken for all concer	rns identified in Individual #5					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	133070	STR	EET ADDRESS, CITY, STATE, ZIP CODE	02/1	4/2011
HOME A	GAIN ICF		23	811 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 157	Continued From pa	ge 22	W 157			
W 159	and Individual #6's abuse investigations.		W 159			
	integrated, coordinate	treatment program must be ated and monitored by a ardation professional.				
	Based on record re was determined the QMRP provided surcoordination for 4 o #4) reviewed. That not receiving the ne objectives, and train	s not met as evidenced by: view and staff interviews, it e facility failed to ensure the fficient monitoring and f 4 individuals (Individuals #1 - failure resulted in individuals ecessary assessments, ning required to meet their The findings include:				
	2/9/11 for Individual	as conducted at the facility on ls #1 - #4. At that time, MRP monitoring from 7/1/10 wed.	NAME OF THE PARTY			
	Notes and IPP Objet form documented the monthly implementation include narrative do that would demonst	tained a form, titled QMRP ective Evaluation Sheet. The ne individuals' objectives and ation rates. The form did not ocumentation or information trate QMRP monitoring or individuals' progress or vices.				
	12:25 p.m., the Adn	on 2/11/11 from 10:30 a.m ninistrator stated additional MRP oversight did not exist.				n regions.
		on 2/11/11 from 2:50 - 4:35 s asked about the lack of				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		13G078	B. WI	1G _		l .	C 4/2011
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 159	identified monitorin stated he had intended be be a condition of the behavioral categorinumber indicating the month. However, the narrative document demonstrate QMRI services with the particles with the particles with the particles of the parti	g and oversight. The QMRP ded to correct the issue.  tained a form, titled Behavioral sted general maladaptive es. Each category included a total of behaviors for each he form did not include tation or information that would monitoring or coordination of sychiatric provider.  on 2/11/11 from 2:50 - 4:35 and QMRP both stated the lather tally sheets after ls' ABC Forms. The QMRP may not review the ABC Forms. The QMRP did not attend ointments.  The QMRP did not attend ointments.  The CMRP did not attend ointments.  The CMRP did not attend ointments.  The contain documentation of monitoring for all objectives as a stating he would not engage d him to complete. Behavioral ther documentation of QMRP bjective could not be found in	W	159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		13G078	B. WIN			1	C <b>4/2011</b>
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF				23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 159	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W	159			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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		13G078	B. WIN	IG		02/1	4/2011	
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF				23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE  AMPA, ID 83686			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 159	7. Refer to W263 a failure to ensure the interventions were guardian consent w 8. Refer to W278 a failure to ensure the individual's record i restrictive or more putilized prior to the techniques to mana 9. Refer to W303 a failure to ensure the records documente events before, during restraint.  10. Refer to W312 failure to ensure the modifying drugs we comprehensive par directed specifically	s it relates to the facility's e QMRP ensured restrictive implemented only after vas obtained.  s it relates to the facility's e QMRP ensured an included evidence of least positive techniques being use of more restrictive age behavior.  s it relates to the facility's e QMRP ensured individuals' ed a clear understanding of the ing, and after the use of easit relates to the facility's e QMRP ensured behavior	W	159				
W 166	failure to ensure the modifying drugs we of an individual's be the associated risks 483.430(b)(1) PRO SERVICES  Professional progra paraprofessional, n	as it relates to the facility's e QMRP ensured behavior are not used until the severity chavior was shown to outweigh	W	166				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SU	
		420070	A. BUILDII		1	С
NAME OF F	DOCUMEN OR CURRUES	13G078			02/14	4/2011
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE  2311 ARUBA DRIVE  NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 166	This STANDARD is Based on review of and staff interviews failed to ensure proother professionals care staff sufficient implementation and required. This directlindividuals #1, #2, suicide, and had powho experienced sin a lack of thoroug training in relation to findings include:  1. The facility's Suicide in presents an immediated 1/11/10, stated verbalized suicide in presents an immediate themselves will be careful assessment by direct care staff and other members determined that the threat to themselve to the threat to themselve to him nursing staff, Administrator/AOD has any high risk far Guidelines for Suicident the Scales of Staff Policy further st	s not met as evidenced by: facility policy, record review i, it was determined the facility fessional staff worked with , paraprofessionals, and direct ly to ensure the d monitoring of services ctly impacted 3 of 3 individuals and #5) who threatened btential to impact all individuals uicidal ideation. This resulted h assessment and staff o suicidal ideation. The  cide Policy and Procedure, ed "All residents who have deation, or acted in a way that liate and/or serious threat to provided close observation, t, and a protective environment (DCS), QMRP, nursing staff, s of the IDT until the IDT has e resident no longer presents a	W 166			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	
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		13G078				02/1	4/2011
	ROVIDER OR SUPPLIER			;	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 166	the nursing staff, Q complete the scale: the phone if they ar to the facility."  During the entrance 10:35 a.m., the Adr following completed forms:  - 7/1/10 at 12:00 p. was completed by I - 10/3/10 at 7:30 p. was completed by I - 1/9/11 at 11:30 a. was completed by I - 1/9/11 at 11:00 p. form was completed by I - 1/21/11 at 11:00 p. form was completed by I - 1/21/11 at 11:00 p. was completed by I - 1/21/11 at 11:00 p. form was comp	MRP, or psychologist to sof suicide ideation form over the unable to come immediately expenses on 2/7/11 at ministrator provided the discale of Suicide Ideation.  The form Direct Care Staff E.  The form Direct Care Staff B.  The form Direct Care Staff B.  The form Direct Care Staff C.  The form Direct Care Staff C.  The form Direct Care Staff C.	W	166			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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	ROVIDER OR SUPPLIER		;	2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 166	a "blur." Staff D stareviewed again in a asked about the So Staff D stated she had so Staff D stated she was of the form and because she had so Staff D stated she when she gathered Individual #5's 1/21 afterwards.  During an interview a.m., Staff E stated for approximately of trained on the facility completion of the Soby the Administrate Staff E stated if a foindividual scored "Coto be taken.  During an interview a.m., Staff C stated for 3 months. Staff on the facility's suice the Scale of Suicide facility's AQMRPs. received no addition suicidal ideation or Attempts were made but Staff B no longer Without sufficient the assessment of suice possible for direct of individuals' risk follocompletion of the Staff Broompletion B	ated the suicide policy was a recent staff meeting. When cale of Suicide Ideation form, and not been trained on the discourage was ensured to the form een someone else use it. The information noted on the had worked for the facility one year. Staff E stated he was try's suicide policy and scale of Suicide Ideation form on the day he was hired. Form was completed and the or," no additional action needed to on 2/9/11 from 11:00 - 11:05 of the had worked for the facility of C stated he had been trained cide policy and completion of the Ideation form by one of the Staff C stated he had nal training with regards to	W	166			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G078	B. WIN	IG		1	C <b>4/2011</b>
	ROVIDER OR SUPPLIER			231	ET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE MPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 166	1:20 p.m., the Admadditional documer suicidal ideation, ar policy had not been stated she had not suicide assessment facility's Clinical So Scale of Suicide Ideated she had their complete the form. did not know if the training for suicide  The Administrator of qualifications and training for suicidal During a telephone - 7:18 p.m., the QN Ideation form was trained to fill out the make a determinat at risk of suicide. We with the use of the make a determinat at risk of suicide. We training on complet stated staff were shand the protocol was form.  During a follow up in - 4:35 p.m., the QN trained to fill out the form by the Administated he had not resulted staff he had not resulted he had not resulted staff he had not resulted he had n	ent.  on 2/8/11 from 11:25 a.m inistrator stated there was no intation regarding individuals' ind stated the facility's suicide infollowed. The Administrator especialized training regarding it, but had been trained by the cial Worker to complete the eation form. The Administrator in trained direct care staff to The Administrator stated she RN had received specialized assessment.  did not possess the necessary raining to adequately assess	W ·	166			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		13G078	B, WIN				C 4/2044
NAME OF P	ROVIDER OR SUPPLIER	100010		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	02/14	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 166	either from the facil The QMRP did not qualifications and trindividuals' suicidal During a telephone - 8:45 p.m., the Clir provided training to opened in Septemb Clinical Social Worl provided any addition paraprofessional, in professional staff, stated she was at the but had not been as Suicide Ideation for when any forms had Clinical Social Worl would be sufficiently determinations of risuicide Ideation for Worker stated she employed by the farmake a clinical assideation and risk.  The facility failed to Worker worked sufficiently failed to Worker worked suff	possess the necessary raining to adequately assess risk.  interview on 2/8/11 from 8:10 pical Social Worker stated she staff when the facility first per or October of 2009. The ker stated she had not conal training to the facility's conprofessional, or The Clinical Social Worker per facility almost every week, sked to review any Scale of the stated she did not feel staff by trained to make sk based upon the Scale of the sk based upon the facility's on the sk based upon the sk ba	W.				
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	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A, BUI		LE CONSTRUCTION	COMPLE	TED
		13G078	B. WIN	IG			C <b>4/2011</b>
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	This STANDARD Based on record re was determined the behavioral assessed individuals (Individuals (Individuals essements, IPPs behavioral program resulted in a lack of program intervention include:  1. Individual #1's re old male diagnosed ADHD, PTSD, and undated IPP and 1 stated the following a. Individual #1's "Individual #1's diagand sustaining his	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure ments were completed for 4 of iduals #1 - #4) whose behavior is, behavioral data and ins were reviewed. This if information on which to base on decisions. The findings  ecord documented a 12 year id with mild mental retardation, impulse control disorder. His 1/10 behavior assessment it if incontrol disorder. The tated he engaged in task aggression/intimidation, in, physical aggression, having fits, and property damage. In information related to the diagnoses and the maladaptive	W	214			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		13G078	B. WIN	IG_			C <b>4/2011</b>
	ROVIDER OR SUPPLIER		•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 214	Individual #1's IPP and stated "having placed into a new li #1] is generally defiresidents and staff. included a "Service "displays mal-adaphis mental illness the counseling to mana. The diagnosis of O of moving, and the mental illness were assessment.  The facility failed to assessment include Individual #1's diagfactor of moving, are eliciting and sustain behaviors.  c. Individual #1's IP Guanfacine (an antial a day for aggression and Strasystem drug) 40 mg Additionally, his 1/1 topiramate (an antial for PTSD. His "Fur Assessment" did not the medications aggression, his ADIDuring an interview p.m., the Administrapsychiatric medications in the property of the medications aggression, his ADIDuring an interview p.m., the Administrapsychiatric medications in the property in	included a diagnosis of ODD been recently uprooted and ving environment [Individual ant and angry towards other "Additionally, the IPP Object #2" which stated he tive behaviors associated with at he requires weekly age and reduce."  DD, the environmental factor behaviors associated with his not identified in his behavioral ed information as to how nosis of ODD, environmental and mental illness contributed to hing his maladaptive  P stated he received ihypertensive drug) 1 mg twice in, Depakote (an acentral nervous geach morning for ADHD.  1 MAR stated he received convulsant drug) 25 mg daily inctional Behavioral of include information related the was receiving for his	W2	214			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
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	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	Continued From pa	ige 33	W	214			
	assessment included Individual #1's psychimpact on his malact d. Individual #1's as in verbal aggression yelling, swearing or statements to staff get what he wants. problem behavior # "resorts to verbal as when he does not gof 3-4 times per day behavior ranges fro to intimidate others."	ssessment stated he engaged in/intimidation (defined as in making derogatory or peers) to avoid tasks and to However the "Description of \$2" section of his IPP stated he seault on staff and others get what he wants an average y. His objective in this or attention seeking to trying si." The function of Individual sion was not consistently					
	p.m., the Administra	on 2/11/11 from 2:50 - 4:35 ator stated definitions and aviors were not consistent					1
		ensure the function of adaptive behaviors were nented.					11000
	in tantrums/throwing items, crying uncon ground) to avoid tas "Description of prob his IPP stated "Who staff he will someting	blem behavior #5" section of en [Individual #1] is told no by mes have a tantrum." The al #1's tantrums was not					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 214	The facility failed to Individual #1's mala consistently documed. Individual #1's Best 12/10 and 1/11 documed behavior of "Inapprint information related on Individual #1's behavioral assessment assessment and disorder, Nobehavior assessment a	ensure the function of adaptive behaviors were ented.  chavioral Tally Data Sheets for turnented the maladaptive opriate sexual." However no to the behavior could be found ehavioral assessment.  on 2/11/11 from 2:50 - 4:35 ator stated Individual #1's ment needed to be revised to the information related to his fors and psychiatric diagnoses.  ensure Individual #1's ent contained comprehensive the to base program strategies	W	214			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
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	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
W 214	PTSD, bipolar with disorder, NOS and hallucinations and sor upset he would "experiences of vert Additionally, the IPI #2" which stated he behaviors associate he requires weekly reduce."  His specific diagnor bipolar with psychodisorder, NOS and and physical abuse behavioral assessmo information related "mental illnesses" a Individual #2 displated by the Administration of the Individual #2's personal been used when considered when considered the Individual #2's personal been used when considered the Individual #2's light proposed by Individual #2's IFD Depakote (an antipsychotic diagnorder and antipsychotic diagnorder and antipsychotic drug)	psychotic features, mood visual and audio command stated when he became angry often" re-enact past pal and physical abuse. Procluded a "Service Object e "displays mal-adaptive ed with his mental illness that counseling to manage and sees of ADHD, ODD, PTSD, thic features, and mood the re-enactment of verbal e were not identified in his ment. Additionally, there was ted to the relationship of his and the maladaptive behaviors	W	214			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ENTIFICATION NUMBER: A. BUILDING COMPLETED		TED		
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	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 214	include information was receiving for hor his ODD.  During an interview p.m., the Administr psychiatric medical used when comple  The facility failed to assessment include Individual #2's psycimpact on his mala  c. Individual #2's psycimpact on his mala  c. Individual #2's be he engaged in vertice threatening staff wire cursing at staff. The behavior to "avavoid particular situ" problem behavior would engage in verget what he wanted seeking and when go on an outing he of Individual #2's be documented in his  Additionally, a Leve dated 4/14/10, staff threatening behavior "enjoys upsetting or into trouble." Informatividual #2 experins behavioral asset.  The facility failed to	related to the medications he is aggression, manic episodes on 2/11/11 from 2:50 - 4:35 ator stated Individual #2's ator information had not been ting the behavior assessment.  The ensure the behavioral ed information related to chiatric medications and their daptive behaviors.  The havioral assessment stated had assault, defined as the harm and yelling and the assessment stated he used had assessment stated he used had assault when he did not all the erbal assault when he did not all, when he was attention he was seeking permission to had not earned. The function ehavior was not consistently record.  The formation related to the enjoyment in the "Verbal or Physical or" section, that Individual #2 thers and trying to get others mation related to the enjoyment in the second of the found in the second of the found in the second of the found in the found	W	214			
	consistently docum						TO A FORM

STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
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NAME OF PROVIDER OR HOME AGAIN ICF	SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
PREFIX (EACH	DEFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	3	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
he engage destroying property of assessme "another vertex attention of behavior vertex another respectively anothe	ral #2's bed in design his person the facility of staff." I' section when he vesident. The resident of Care tated in the facility document of Care tated in the tate of the was arrow staff or staff in regarding Enging Engine Staff in regarding enging Engine Enging Enging Engine Enging Engine Enging Engine Enging Engine Engi	chavioral assessment stated truction of property, defined as onal items, typically his toys or lity while in a fit of anger. The destruction of property was ich [Individual #2] seeks to get However, the "problem of his IPP stated he destroyed was upset with staff, family, or The function of Individual #2's consistently documented in his of ensure the function of adaptive behaviors were dented.  Risk Assessment, dated the "Running or Wandering Individual #2 would run from gain more attention, or agry for not getting what he cet time.  Behaviors" section of Individual dessment stated he engaged in ft." However, no additional ang the behavior was included to ensure the behavioral ed comprehensive information ividual #2's identified		214			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		13G078	B. WING _		1	5 4/2011
	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	and self mutilation. regarding the behar #2's Functional Behar The facility failed to assessment include related to all of Indimaladaptive behav g. Individual #2's 4/Assessment stated boundaries and wa of others. It stated Inappropriate Sexuhe was going to hu of Care Risk Assesclose supervision to others sexually. He regarding the behar #2's Functional Behar The facility failed to assessment include related to all of Indimaladaptive behav h. Individual #2's Branch 1/11 doc behaviors which incomply physical intimidation task avoidance inappropriate sexuhowever, Individual	cide attempts, head banging, However, no information viors was included in Individual navioral Assessment.  ensure the behavioral ed comprehensive information vidual #2's identified iors.  14/10 Level of Care Risk he had very poor social s often in the personal space he engaged in "Socially al Behavior" including stating rt and rape people. The Level sment stated he required or prevent touching or hurting owever, no information viors was included in Individual navioral Assessment.  ensure the behavioral ed comprehensive information vidual #2's identified iors.  ehavioral Tally Data Sheets for cumented maladaptive cluded the following:  on ual behavior  Il #2's Functional Behavioral of include information on any of	W 214			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  LAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING			(X3) DATE SURVEY COMPLETED			
		13G078	B. WIN			1	C
NAME OF F	PROVIDER OR SUPPLIER	136070		STE	REET ADDRESS, CITY, STATE, ZIP CODE	02/12	4/2011
HOME A	GAIN ICF			2	2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	During an interview p.m., the Administrate behavioral assessment.  The facility failed to behavior assessme information on which a language obsessive compuls schizo-affective distensive assessment.  Individual #3's record male diagnoses obsessive compuls schizo-affective distensive assessment.  Individual #3's IF (an antipsychotic distensive assessment) and The 100 mg three times with ADHD and phy Trazodone (an antipsychotic distensive and Information for in Behavior Assessment as not included on the diagnoses and Information related was not included or During an interview p.m., the Administration Individual #3's personal passessment.	ator stated Individual #2's ment needed to be revised to the information related to his iors.  The ensure Individual #2's ent contained comprehensive that to base program decisions.  The ensure Individual #2's ent contained comprehensive that to base program decisions.  The ensure Individual #2's ent contained comprehensive that the base program decisions.  The ensure Individual #2's ent contained comprehensive that the base program decisions.  The ensure Individual #2's ent contained comprehensive that the base program decisions.  The ensure Individual #2's ent contained comprehensive that the base program decisions.  The ensure Individual #2's ent contained that the test and the base program decisions.  The ensure Individual #3's insomnia ent information and the relationship of the maladaptive behaviors.  The ensure Individual #3's insomnia ent information and inf	W	214			

		IDENTIFICATION NUMBER:	,	LDING	e construction	COMPLETED	
		13G078	B. WIN	IG			C <b>4/2011</b>
	PROVIDER OR SUPPLIER			231	ET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE MPA, ID 83686		72011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 214	and sustaining his b. Individual #3's II Thorazine 100 mg associated with AE Individual #3's IPP Assessment" defin hitting and kicking of agitation was not behavior assessment The facility failed to agitation was suffice c. Individual #3's re Behavioral Assess he engage in the forent of the refusals (defined either verbally or brunning away (dehome without a state) However, his IPP of stating he would not away was not defined away away away away away away away awa	pnoses contributed to eliciting maladaptive behaviors.  PP stated stated he received three times daily for agitation DHD and physical aggression. and his "Functional Behavioral agdression as others. However, the definition of present on the IPP or the ent.  Defined an assessed.  Decord included a "Functional ment" dated 4/10, which stated collowing challenging behaviors: as refusing to complete tasks by running out of the home) of the affor permission from the staff) of the included a task and running the included a task and running the included at the staff and included the home 3 - 4 times per came upset or mad at the staff and including a task was not a state of the including a task was not included.	W	214			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		13G078	B. WI			C 02/14/2011	
	ROVIDER OR SUPPLIER		<u>.</u>	2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 214	d. Individual #3's IP Trazodone 150 mg Individual #3's IPP Assessment" define restlessness at bed he would turn his te in his room until late repeatedly prompt if assessment further side effect of Individ However, informatic insomnia was not in The facility failed to restlessness was an e. Individual #3's Be 12/10 and 1/11 doc behaviors which ind physical intimidation physical intimidation emotional outburs task avoidance property destruction inappropriate sexue However, Individual Assessment did no the above listed belo When asked, the Q Administrator all sta	P stated stated he received every evening for insomnia. and his "Functional Behavioral ed difficulty falling asleep as itime. The assessment stated devision down and stay awake at night if staff did not him to go to sleep. The stated restlessness was a dual #3's medication. On related to Individual #3's included in the assessment.  The assessment stated devision down and stay awake at night if staff did not him to go to sleep. The stated restlessness was a dual #3's medication. On related to Individual #3's included in the assessment.  The assessment stated did not him to go to sleep. The stated restlessness was a dual #3's medication. On related to Individual #3's included in the assessment.  The assessment stated did not him to go to sleep. The stated restlessness was a dual #3's included in the assessment.  The assessment stated did not him to go to sleep. The stated restlessness was a dual #3's included in the assessment.  The assessment stated here is a did not not stated in the assessment at a stated restlessness was a dual #3's included in the assessment.  The assessment stated here is a did not not stated in the assessment at a stated restlessness was a dual #3's included in the assessment.  The assessment stated here is a did not not stated in the assessment at a stated restlessness was a dual #3 included in the assessment.  The assessment stated here is a did not not stated in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness was a dual #3 included in the assessment at a stated restlessness wa	W	214			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		13G078	B. WIN	G		02/1 <u>4/2011</u>		
HOME AG	ROVIDER OR SUPPLIER			2311	TADDRESS, CITY, STATE, ZIP CODE ARUBA DRIVE 1PA, ID 83686			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
	behavior assessment information.  4. Individual #4's recold male diagnosed ODD, mood disorded psychosis, and PTS "Functional Behavior following:  a. Individual #4's IP SR (an anticonvulse morning and Carba control of physical abipolar disorder with antihypertensive dructionidine 0.2 mg each hyperactivity associ (an antipsychotic dructionidine on the weening and Risperfor physical and verwith Asperger's Syr Chlorpromazine (an insomnia. His "Fundid not include any relationship of the obehaviors.  During an interview p.m., the Administrato Individual #4's pseen used when coassessment.  The facility failed to assessment include Individual #4's diagramment include Individual #4's diagramment.	ge 42 ensure Individual #3's ent contained comprehensive  cord documented a 17 year I with mild mental retardation, er NOS, bipolar disorder with ED. His 5/10 IPP and er Assessment" stated the  P stated he received Carbatrol ant drug) 500 mg each trol 400 mg each evening for aggression associated with en psychosis, Clonidine (an end) 0.1 mg each morning and each evening for agitation and each evening for agitation and each evening for agitation and each evening and each afternoon chal aggression associated endrome and ODD and en antipsychotic drug) 50 mg for ectional Behavior Assessment" information regarding the liagnoses and the maladaptive  on 2/11/11 from 2:50 - 4:35 eator stated information related expension as to how enoses contributed to eliciting maladaptive behaviors.	W 2	14				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G078	B. WIN	1G		C <b>02/14/2011</b>	
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 214	b. Individual #4's IP Clonidine 0.1 mg earn geach evening for associated with AD agitation and hyper IPP or the behavior. The facility failed to agitation and hyper assessed.  c. Individual #4's IP Chlorpromazine 50 "Functional Behavior and information reginsomnia diagnosis "Functional Behavior was used environment and exhowever, informationsomnia was not in When asked, the Ainterview on 2/11/1 p.m., Individual #4 Chlorpromazine for tracked.  The facility failed to insomnia was sufficed.  The facility failed to insomnia was sufficed.	P stated he received ach morning and Clonidine 0.2 or agitation and hyperactivity HD. However, the definition of activity was not present on the assessment.  ensure Individual #4's activity were sufficiently  P stated he received mg for insomnia. His or Assessment" did not include arding the relationship of the and his restlessness. His oral Assessment" stated the to gain control over his cert his independence. On related to Individual #4's included in the assessment.  dministrator stated during an 1 from 10:30 a.m 12:25 was no longer taking sleep, but sleep should be ensure Individual #4's ciently assessed.  ded a Behavioral Tally Data at 1/11, which documented he hall outbursts (not defined).	W	214			
		1 #4's Functional Behavior 5/10, did not identify or outbursts.		i de como			TOTAL AND

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	COMPLETED	
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	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		7,2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	RY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)  TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE		
W 214	Administrator all st 2/11/11 from 2:50 emotional outburst to be updated.  The facility failed to assessment including related to all Individual refusing to attend stores and on school when asked, the Administrator all stores and Individual refused to a refused in socially (defined as running knocking on the domultiple times, wall personal property, landscaping). How did not include an offensive behavior	and cated, during an interview on - 4:35 p.m., Individual #4 had as and the assessment needed on ensure the behavioral led comprehensive information dual #4's identified maladaptive functional Behavior de 5/10, documented he age to attend school (defined as school, get on the bus, or get days).  CMRP, AQMRP, and cated, during an interview on - 4:35 p.m., Individual #4 no attend school.  Comprehensive information dual #4's ment was revised to reflect on.  Comprehensive information days in the door of the bus, or get days).  CMRP, AQMRP, and cated, during an interview on - 4:35 p.m., Individual #4 no attend school.  Comprehensive information days in the door of the bus, or get days).  CMRP, AQMRP, and cated, during an interview on - 4:35 p.m., Individual #4 no attend school.  Comprehensive information days in the days in the door of the bus, or get days).  CMRP, AQMRP, and cated, during an interview on - 4:35 p.m., Individual #4 no attend school.	W	214			
		tated, during an interview on					

T OF DEFICIENCIES OF CORRECTION	DENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUIL	DING			C
	13G078	B. WING	G			4/2011
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(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	<	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE
2/11/11 from 2:50 - assessment neede he no longer engage behavior.  The facility failed to behavior assessment comprehensive info 483.440(c)(4) INDI'  The individual program objectives necessarias identified by the	4:30 p.m., Individual #4's d to be updated to reflect that ged in socially offensive ensure Individual #4's ent contained accurate and ormation. VIDUAL PROGRAM PLAN ram plan states the specific ry to meet the client's needs, comprehensive assessment		A.C. Marketter			
Based on record rewas determined the individuals' IPPs in needs for 4 of 4 individuals and the whose behavioral presulted in a lack of address the needs likely to impact their and the individual #2's 5 year old male whose mixed with psychotomental retardation, a. Individual #2's reductional and the entermotional outburst undefined.	eview and staff interviews, it to facility failed to ensure cluded objectives to meet their dividuals (Individuals #1 - #4) oblans were reviewed. This if program plans designed to of individuals in areas most in r lives. The findings include: #10 IPP stated he was a 13 se diagnoses included bipolartic features, ADHD, mild and mood disorder.  ##2000 Program plans designed to of individuals in areas most included.  ##210 IPP stated he was a 13 se diagnoses included bipolartic features, ADHD, mild and mood disorder.  ##210 IPP stated he was a 13 se diagnoses included bipolartic features, ADHD, mild and mood disorder.  ##2210 and 1/11, which gaged in physical intimidation, is, and task avoidance, all					ENAMEN, COMMAN
	Continued From pa 2/11/11 from 2:50 - assessment neede he no longer engage behavior.  The facility failed to behavior assessment comprehensive info 483.440(c)(4) INDI'  The individual progrobjectives necessa as identified by the required by paragra.  This STANDARD is Based on record rewas determined the individuals' IPPs in needs for 4 of 4 individuals' IPPs in needs for 4 of 4 individuals' IPPs in needs for 4 of 4 individuals in a lack of address the needs likely to impact their allowed with psychotomental retardation, a. Individual #2's reductional outbursts undefined.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 45 2/11/11 from 2:50 - 4:30 p.m., Individual #4's assessment needed to be updated to reflect that he no longer engaged in socially offensive behavior.  The facility failed to ensure Individual #4's behavior assessment contained accurate and comprehensive information. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals' IPPs included objectives to meet their needs for 4 of 4 individuals (Individuals #1 - #4) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:  1. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  a. Individual #2's record included Behavioral Tally Data sheets, dated 12/10 and 1/11, which documented he engaged in physical intimidation, emotional outbursts, and task avoidance, all	A BUIL  BY AND ARCH TO THE CONTROLL OF CONTROLL OF CORRECTION  IDENTIFICATION NUMBER:  A BUIL  B. WINN  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 45  2/11/11 from 2:50 - 4:30 p.m., Individual #4's  assessment needed to be updated to reflect that he no longer engaged in socially offensive behavior.  The facility failed to ensure Individual #4's behavior assessment contained accurate and comprehensive information.  483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  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This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals #1 - #4) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:  1. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  a. Individual #2's record included Behavioral Tally Data sheets, dated 12/10 and 1/11, which documented he engaged in physical intimidation, emotional outbursts, and task avoidance, all undefined.	ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 45  2/11/11 from 2:50 - 4:30 p.m., Individual #4's assessment needed to be updated to reflect that he no longer engaged in socially offensive behavior.  The facility failed to ensure Individual #4's behavior assessment contained accurate and comprehensive information.  483.440(c)(4) INDIVIDUAL PROGRAM PLAN  The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals 'IPPs included objectives to meet their needs for 4 of 4 individuals (Individuals #1 - #4) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:  1. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  a. Individual #2's record included Behavioral Tally Data sheets, dated 12/10 and 1/11, which documented he engaged in physical intimidation, emotional outbursts, and task avoidance, all undefined.	TOURDER OR SUPPLIER    13G078   STREET ADDRESS, CITY, STATE, ZIP CODE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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W 227	b. Individual #2's Pl 1/11/11, stated he in nervous system dru Telephone/Verbal of stated Concerta wa and verbal assault.  During an interview p.m., the Administri actually for ADHD of addition to making  However, Individual objective related to  c. Individual #2's 2/ trazodone (an antion PRN for insomnia.  However, Individual objective related to  d. Individual #2's 4/ Assessment stated harm and actual secommit suicide, sui and self mutilation. record documented suicide at the facility twice at school in 1 being 12/10/10 who clothing items arou tight.	ical intimidation, emotional voidance.  hysician's Order Form, dated received Concerta (a central ug) 54 mg daily. A Consent Form, dated 1/24/11, as for making "whoop" noises or 0.2/11/11 from 2:50 - 4:35 ator stated the drug was exhibited by other behaviors in "whoop" noises.  If #2's IPP did not include an "whoop" noises or ADHD.  If 1 MAR stated he received depressant drug) 50 - 150 mg		227				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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HOME A	ROVIDER OR SUPPLIER		2:	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
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W 227	Continued From pa	ige 47	W 227			
	4/14/10, stated in the Away" section that his staff in order to because he was an wanted at that exact Behaviors" section	Risk Assessment, dated ne "Running or Wandering Individual #2 would run from gain more attention, or agry for not getting what he at time. The "Challenging of Individual #2's behavioral he engaged in "Running from				
	,	l #2's IPP did not include an running or wandering away.				
	p.m., the QMRP, A stated objectives fo	on 2/11/11 from 2:50 - 4:30 QMRP and Administrator all or all Individual #2's identified been developed and the IPP ed.				
	12 year old male w ADHD, PTSD, mild	PP, undated, stated he was a hose diagnoses included mental retardation, and order. He was admitted to the				
	Data sheets, dated	ord included Behavioral Tally 12/10 and 1/11, which gaged in "Inappropriate undefined.				
		ll #1's IPP did not include o inappropriate sexual				
	p.m., the QMRP ar objective for inappr	on 2/11/11 from 2:50 - 4:30 and Administrator stated an copriate sexual behavior had and the IPP needed to be				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 227	revised.  3. Individual #3's reold male diagnosed obsessive compuls schizo-affective disa, Individual #3's Be 12/10 and 1/11 doe behaviors which incomply and property with the complete of the property destructional outburs task avoidance property destructional property destr	cord documented a 15 year with mild mental retardation, ive disorder, and order.  Chavioral Tally Data Sheets for tumented maladaptive cluded the following:  on  Its  Its  Its  Its  Its  Its  Its  It	W 22	27		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()	X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 227	oppositional defiant NOS, bipolar disord a. His record includ Sheets for 12/10 ar engaged in emotion. However, Individual include objectives replacement of inal state of the facility failed to developed to meet needs.  483.440(c)(5)(vi) IN Each written training implement the objectives replacement of inal state of the state of t	d with mild mental retardation, to disorder, mood disorder der with psychosis, and PTSD.  Ided Behavioral Tally Data and 1/11, which documented he hal outbursts (not defined).  I #4's IPP, dated 5/10, did not related to emotional outbursts.  IP stated he received ach morning and Clonidine 0.2 or agitation and hyperactivity of HD.  I #4's IPP did not include tion or hyperactivity.  IMRP, AQMRP, and ated, during an interview on 4:35 p.m., Individual #4's IPP ted to include an objective	W 2				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		420070	B. WIN			I		
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W 239	This STANDARD is Based on record redetermined the facina ppropriate replace identified and inconsintervention program (Individuals #1 - #4 plans were reviewed not receiving training behaviors. The find 1. Individual #1's IP 12 year old male with ADHD, PTSD, mild impulse control discipation of facility on 9/21/10.  a. Individual #1's "FAssessment," date engaged in physical making threatening into the face of staft to intimidate others avoidance." Individual #1 included the following physical intimidation.  "Given direct verbal comply with staff results of the staff results of the staff results of the property of the personal and facility personal and facility personal and facility appropriate the staff results of the staff results of the staff results of the property of the personal and facility appropriate the personal and facility personal and facility personal and facility appropriate the personal and facility personal and facility personal and facility personal and facility appropriate the personal and facility pers	view and staff interview, it was lity failed to ensure ment behaviors were porated into the behavior ms for 4 of 4 individuals whose behavior intervention d. This resulted in individuals g to replace maladaptive dings include:  P, undated, stated he was a mose diagnoses included mental retardation, and order. He was admitted to the functional Behavioral di 11/10, documented he intimidation (defined as gestures to others, getting for peers, and using his size around him) for "task lual #1's PBSP, dated 5/10, ng replacement behavior for in:  I prompts, [Individual #1] will	W 2	239				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		PLE CONSTRUCTION  G	COMPLETED		
		13G078	B. WIN	1G			C <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		4/2011
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W 239	his environment ar Individual #1's PB5 following replacem damage:  "Given a direct ver #1] will increase hi emotion he is feeli It was not clear ho feeling was related environment and environment and environment and facility.  2. Individual #2's 5 year old male who mixed with psychomental retardation  a. Individual #2's "Assessment," date engaged in proper destroying his persfacility while in a fit attention of staff."  5/10, included the for property destrution of staff."  "Given a direct ver #2] will increase hi anger to staff"  It was not clear ho	and exert his independence."  SP, dated 5/10, included the ent behavior for property  bal prompt or less, [Individual instances of naming the eng to staff"  w "naming the emotion" he was a to gaining control of his exerting his independence.  w on 2/11/11 from 2:50 - 4:35 a AQMRP and Administrator all at behaviors needed to be individuals residing at the  1/10 IPP stated he was a 13 ase diagnoses included bipolar tic features, ADHD, mild, and mood disorder.  Functional Behavioral and Mood disorder as sonal items or property of the contained and #2's PBSP, dated following replacement behavior	W 2	239			

_	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
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W 239	Continued From pa	ige 52	W 2	239	)	-	
	he engaged in sexu (defined as poking and making inapprogestures). His 4/10 Assessment did no inappropriate behavincluded the following sexually inappropriate.  "Given a direct verb	viors. Individual #2's PBSP ing replacement behavior for ate behaviors:  bal prompt or less, [Individual s communication skills to get					
		w increasing expression of to his sexually inappropriate e lack of functional					
	p.m., the QMRP, All stated replacement	on 2/11/11 from 2:50 - 4:35 QMRP and Administrator all the behaviors needed to be individuals residing at the					
	Assessment, dated engaged in physica and kicking staff an "retaliation and to merceived verbal ab PBSP, dated 5/10,	unctional Behavioral 4/10, documented he al aggression (defined as hitting and other residents) for make the verbal abuse, or puse, stop." Individual #3's included the following vior for physical aggression:					ANA TANA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER		23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 239	Continued From pa	ge 53	W 239			
	month of discussion	have 3 or more instances per n [sic] his anger with staff angry or upset with those	0000			
		v discussing his anger was and stopping verbal abuse.				
	Assessment, dated engaged in refusal complete a task) to Individual #3's PBS	unctional Behavioral 4/10, documented he (defined as verbally refusing to avoid tasks he did not enjoy. P, dated 5/10, included the ent behavior for refusal:				
		pal prompt or less, [Individual s required tasks without rials per month."				
		ot include training to teach priate alternatives to refusing				į
	Assessment, dated engaged in difficulty "acting restless at the falling asleep"). Indeed, as the control of the	unctional Behavioral 4/10, documented he y falling asleep (defined as bedtime and having difficulty dividual #3's PBSP, dated 5/10, ng replacement behavior for				
	will stay in his bed	verbal prompts, [Individual #3] when prompted to go to sleep nours in 80% of trials."				
	The objective did nonlinear Individual #3 appro	ot include training to teach priate sleep habits.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		13G078	B, WI	NG _			2 4/2011
NAME OF P	ROVIDER OR SUPPLIER		•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 239	When asked, the C Administrator all sta 2/11/11 from 2:50 - replacement behav The facility failed to replacement behav Individual #3. 4. Individual #4's re old male diagnosed	MRP, AQMRP, and ated, during an interview on 4:35 p.m., Individual #3's riors needed to be revised.  ensure appropriate riors were developed for ecord documented a 17 year with mild mental retardation,	W	239			
	a. Individual #4's Find Assessment, dated engaged in physical "making threatening face of staff or peeto intimidate others"  Individual #4's PBS following replacement intimidation:  "Given direct verbal comply with staff remonth."	unctional Behavior I 5/10, documented he I intimidation (defined as g gestures, getting into the rs, and using physical stature ") to avoid tasks.  EP, dated 5/10, included the ent behavior tied to physical I prompts, [Individual #4] will equests in 50% of trials per					
	Individual #4 option refuse requests.  b. Individual #4's Foundary Assessment, dated engaged in restless (defined as "becomes it gets closer to	ot include training to teach as or appropriate ways to  unctional Behavior a 5/10, documented he sness/difficulty falling asleep aing more awake and restless night time") to gain control ent and exert independence.	Table 1000000 Control				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		13G078	B. WIN	IG		02/14	) 1/2011
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 239		P, dated 5/10, included the	W 2	239			
	following replacement behavior tied to restlessness/difficulty falling asleep:  "Given direct verbal prompts, [Individual #4] will comply with staff prompts to go to bed."			è			
		t clear what training was being ual #4 to teach him appropriate		3			
	Administrator all sta 2/11/11 from 2:50 -	MRP, AQMRP, and ated, during an interview on 4:35 p.m., Individual #4's viors needed to be revised.					
	replacement behav Individual #4.	ensure appropriate viors were developed for eGRAM DOCUMENTATION	W	252		į	
	specified in client in	complishment of the criteria ndividual program plan documented in measurable					
	Based on record re was determined the was collected suffice of the intervention individuals (Individuals data was reviewed to impede the abilit	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure data ciently to determine the efficacy strategies for of 4 of 4 uals #1 - #4) whose behavior . That failure had the potential by of the IDT in evaluating the cogrammatic techniques. The					

AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		13G078	B. WII	NG		02/14	2 1/2011
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	individuals' malada document "A" what and "C" after the mand additional spate and documentation AQMRP, or Admir ABC forms for Individual adequately assess strategies as follows:  a. Individual #1's II 12 year old male was ADHD, PTSD, mile impulse control disfacility on 9/21/10.  Individual #1's PB engaged in task as refusing to comply tasks), verbal aggingling, swearing, comments to staff (defined as making others, getting into using his size to in aggression (defined as throwing items around), and arms around), and	I an ABC form to record aptive behaviors. Staff were to thappened before, "B" during, haladaptive behavior. The form ce for duration of the behavior of review by the QMRP, histrator.  Ividuals #1 - #4 were reviewed 11. The forms did not not information was collected als' maladaptive behaviors to the efficacy of the intervention ws:  PP, undated, stated he was a whose diagnoses included the mental retardation, and corder. He was admitted to the	W	252			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	], ,	ILTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
W 252	The data collected was not sufficient. not limited to, the formal complying with staff day. He was asked times but refused. stated he did not earn the ABC form did requests Individual with, if other options Individual #2's respondividual #2's res	on Individual #1's ABC forms Examples included, but were bllowing:  I #1 "displayed difficulty I's requests" throughout the I to brush his teeth several The "Consequence" section arn part of his allowance.  Into document what other staff #2 had difficulty complying Is had been presented to Italian that when he I was in "the car" when he I wing things, and hitting the I se continued "for about" 5 I me he "began using profane I me to "Consequence" I he "Consequence" I he "Consequence" I he into document the progression I was explained to him that what I wrong."  I word document the progression I was in "the carn his I was continued to him that what I wrong."  I word document the progression I was explained to go to bed and I was to go to bed and I was in "the carn his I was in "the carn his I was in "the car" when he I was in "the car" w	W 2	52				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( , , , , , , , , , , , , , , , , , , ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 252	interventions used response to those in a spent 20 minute. When told no, he "I lindividual #1 was response to the severity of the response to those in a spent 20 minute. When told no, he "I lindividual #1 was response to the severity of the response to the severity of the response or ap interventions.	by staff, or Individual #1's nterventions.  compted to go to bed, Individual s attempting to get snacks. The shad small outbursts."  edirect to his room where the start the remainder of the shift thours 15 minutes) at which for took over. During the for, Individual #2 threw books broke a patched part of a wall, e "verbal and gesturing continously [sic] to leave his equence" section documented objective" #1 - #6 and failed	W 252			

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE	
b. Individual #2's 5 year old male who mixed with psycho mental retardation Individual #2's PBS engaged in physic (defined as hitting, those around him) as threatening state when angry), teasi (defined as poking taunting other residoing things that of a reaction from the destruction (defined facility property), to the ground kicking sexually inappropristaff in the breast is sexual comments  The data collected was not sufficient, not limited to, the facility van when himself in the van repeatedly. Chargand Individual #2 to "Consequence" seallowance and he he was calm.  The ABC form did	/10 IPP stated he was a 13 se diagnoses included bipolar tic features, ADHD, mild, and mood disorder.  SP, dated 5/10, documented he al aggression towards others kicking, and/or spitting on verbal assault to staff (defined if with harm or cursing at staff ing/provoking other residents residents with his finger, dents who are in restraint, or thers do not like in order to "get e resident"), property as breaking his toys or the antrums (defined as falling to crying and screaming), and late behaviors (poking female area and making inappropriate or gestures).  on Individual #2's ABC forms Examples included, but were following:  #2 had been cleaning out the e lost interest and then locked and honked the horn e Staff came out with the keys began evading staff. The action stated he did not earn his was redirected to his room until	W	252				
maladaptive behav	viors. Further, the form did not						
	ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENCE REGULATORY OR IT  Continued From particles of the particl	ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 59  b. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  Individual #2's PBSP, dated 5/10, documented he engaged in physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him), verbal assault to staff (defined as threatening staff with harm or cursing at staff when angry), teasing/provoking other residents (defined as poking residents with his finger, taunting other residents who are in restraint, or doing things that others do not like in order to "get a reaction from the resident"), property destruction (defined as breaking his toys or the facility property), tantrums (defined as falling to the ground kicking, crying and screaming), and sexually inappropriate behaviors (poking female staff in the breast area and making inappropriate sexual comments or gestures).  The data collected on Individual #2's ABC forms was not sufficient. Examples included, but were not limited to, the following:  - 9/8/10: Individual #2 had been cleaning out the facility van when he lost interest and then locked himself in the van and honked the horn repeatedly. Charge Staff came out with the keys and Individual #2 began evading staff. The "Consequence" section stated he did not earn his allowance and he was redirected to his room until	ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 59  b. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  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The  "Consequence" section stated he did not earn his allowance and he was redirected to his room until he was calm.  The ABC form did not indicate the interventions used by staff to redirect Individual #2's	TOMPLE A BUILDING  13G078  ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEPICIENCIES (EACH OPERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 59  b. Individual #2's 5/10 IPP stated he was a 13 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder.  Individual #2's PBSP, dated 5/10, documented he engaged in physical aggression towards others (defined as hiting, kicking, and/or spitting on those around him), verbal assault to staff (defined as threatening staff with harm or cursing at staff when angry), teasing/provoking other residents (defined as breaking his toys or the facility property), teantrums (defined as frequency), teasing/provoking other residents (defined as frequency), teasing/provoking other residents (defined as breaking his toys or the facility property), tantrums (defined as frequency), teasing/provoking other residents (defined as facility property), teantrums (defined as facili	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1D PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 252	describe what "evar from staff, stepping one side of the van - 9/9/10: Individual individual and staff Once in his room, I physically assaulted. The ABC form did behaviors (i.e., whathe specifically did transault staff), interventions were - 9/10/10: Individual a video game at the ran away three or fixities bowling shoes i "Consequence" see of his allowance.  The ABC form did Individual #2 did in were implemented how Individual #2 rinterventions.  - 10/23/10: Individual He tried to lock him his clothes off, and "Consequence" see part of his allowance.  The ABC form did Individual He tried to lock him his clothes off, and "Consequence" see part of his allowance.	ding" looked like (i.e., running out of their way, moving from to the other, etc.).  #2 was aggravating another redirected him to his room. Individual #2 verbally and distaff.  Into tinclude descriptions of the straggravating entailed or what to verbally and physically ventions used, or if the effective.  I #2 was told he could not play be bowling alley. Individual #2 our times, threw objects, hit, in the cash register, and threw into the street. The etion stated he did not earn all the other could not earn all what order, what interventions by staff and in what order, or esponded to those  al #2 was cued to go to bed. It is self in the therapy room, took ran through the house. The etion stated he did not earn ite.  Into the document what mylemented in response to	W	252			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI		G	COMPLETED		
		13G078	B. WIN	۱G			; 1/2011	
	ROVIDER OR SUPPLIER			2:	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W 252	asleep but was yell walls in his room. attempted to go to couch and ask for a section stated Indiv for Haloween [sic] I at a decent time. In tomorrow."  The ABC form did interventions staff i Individual #2's mala - 11/6/10: Individual individual. When the Individual #2 "flippe "Consequence" secunable to earn all of the ABC form did another individual in staff implemented in maladaptive behave - 11/10/10: Individual #2 allowance.  The ABC form did of the behavior, whimplemented in resimaladaptive behavior in the maladaptive behavior interventions.  - 11/15/10: Individual interventions.	al #2 was supposed to be ing, screaming, and hitting the The form stated he repeatedly the living room and lay on the snacks. The "Consequence" ridual #2 was "going to be tired because he did not go to bed flust regain priveleges [sic] for not document what implemented in response to adaptive behavior.  If #2 was provoking another ne other individual reacted, and her off several times." The cition stated Individual #2 was if his allowance.  Into document what "provoking" meant or what interventions in response to Individual #2's ior.  If #2 was cued to take a ne verbally assaultive with staff. The "Consequence" section is did not earn all of his not document the progression at interventions staff is ponse to Individual #2's ior, or his response to those all #2 walked up to a female	W	252				
	stall, salu Deall Ul	p" and flicked her chest and						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		13G078	B. WI	۱G		02/14	5 4/2011
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	stomach. The "Codocumented he did Interventions staff in Individual #2's make response to those in 11/14/10: Individual other individuals, sto, he refused, condithers, and swore a section documented bedroom and he did Individual #2's data information that would the severity of the information that would the severity of the effectiveness or apinterventions.  During an interview p.m., the Administration that would make diagnosed oppositional defian NOS, bipolar disordinal individual #4's resold make diagnosed oppositional defian NOS, bipolar disordinal individual #4's PBS individua	nsequence" section not earn his allowance. not document what mplemented in response to adaptive behavior, or his interventions.  al #2 was "verbally harassing" taff repeatedly asked him not tinued to verbally harass at staff. The "Consequence" d he was redirected to his d not earn his allowance.  not document what "verbally dividuals meant, did not ression of the maladaptive interventions, or Individual #2's	W	252			

PRINTED: 02/28/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		13G078	B, WIN	IG		1	4/2011
	PROVIDER OR SUPPLIER		•	231	T ADDRESS, CITY, STATE, ZIP CODE 1 ARUBA DRIVE MPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	hitting, kicking, spi intimidation (define gestures, getting in and using physical verbal aggression, swearing, and maltask avoidance/decomply with staff refusal to attend sattend school, get property damage (and facility propertialling asleep (defiand restless as it of the data collected was not sufficient. In the limited to, the seeds. The ABC of got angry and kick other individual kick punched him in the "Consequence" stearn his allowance. The ABC form did interventions staff progressed or if the seeds. The argued "Consequence" secalmed down and the ABC form did interventions staff progressed or if the secalmed down and the ABC form did interventions staff progressed or if the secalmed down and the ABC form did interventions staff progressed or if the secalmed down and the ABC form did	tting, and biting), physical at as making threatening not the face of staff or peers, stature to intimidate others), intimidation (defined as yelling, king derogative comments), fiance (defined as refusing to equests or complete tasks), chool (defined as refusing to on the bus, or get dressed), defined as breaking personal y), and restlessness/difficulty ned as becoming more awake gets close to night time).  on Individual #4's ABC forms Examples included, but were following:  #4 was watching television vidual offered him sunflower form documented Individual #4 et the other individual. The eked back, and Individual #4 et face. Under the section titled aff noted Individual #4 did not	W2	252			

Facility ID: 13G078

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1`'	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С	
		13G078	B. WING			4/2011	
NAME OF PROVIDER OR HOME AGAIN ICF	SUPPLIER		2:	EET ADDRESS, CITY, STATE, ZIP CO 311 ARUBA DRIVE AMPA, ID 83686	DDE		
PREFIX (EACH	DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
W 252 Continued redirect his - 9/16/10: space of cearn his a The ABC personal staff used conseque behavior.  - 10/1/10: other individed game him down The ABC intervention behavior.  - 11/10/10: space of conseque consequ	Individual others thrullowance form did space location redirence was a location and the staff of	task.  If #4 invaded the personal oughout the day. He did not mot document what "invading oked like, what interventions of the behavior, or if the effective at changing the left was playing football with and staff. He got into arguments which led to yelling, swearing, Consequence" section dual #4 "went inside and played and of football, which calmed not document what used to redirect Individual #4's real #4 invaded the personal widual's and staff.  Into document what "invading oked like, what interventions of the behavior, or if the	W 252	DEFICIENCY)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		4	B. WING	<u> </u>	С	
		13G078			02/14	1/2011
HOME A	ROVIDER OR SUPPLIER		23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	Continued From pa	ge 65	W 252			
	- 12/4/10: Individua He refused.	#4 was prompted to shower.				
	The ABC form did r interventions staff to were effective.	not document what used and whether or not they				
	- 12/7/10: Individua He did not earn allo	I #4 refused to do his chores. wance.	8		4	
	The ABC form did not document what interventions staff used to redirect his behavior or if the consequence was effective.		į			
	- 1/2/11: Individual medication, and sla	#4 got upset, tried to refuse immed the door.	į			
		not document what used to redirect the behavior, they were effective.				
	interview on 2/11/1	MRP stated, during an 1 from 2:50 - 4:35 p.m., the contain sufficient information.				
	Individual #4's mala	ensure data collected for adaptive behaviors provided on to adequately assess the vention strategies.				
	l .	cord documented a 15 year d with mild mental retardation, live disorder, and order.				
	engaged in physica	P, dated 5/10, documented he all aggression (defined as hitting , refusal (defined as verbally				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDII		(	
		13G078	B. WING		02/14	4/2011
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252	(undefined), difficult restlessness at bed falling asleep).  The data collected was not sufficient. not limited to, the formal of the sure of the sure of the sure of the started to put his sure of the started crying are around his room are walls. He was sufficient of the started crying are around his room are walls. He was sufficient of the ABC form did interventions as the consequence was conse	ty falling asleep (defined as litime and having difficulty  on Individual #3's ABC forms Examples included, but were collowing:  I #3 "was cussing at staff and eatbelt on in the van, very to Once he put his Seat Belt dislent all the way home. The defined his mom, after phone call and throwing his Items [sic] all and punching and kicking his very upset." Under the section e" staff noted he did not earn the document staff to behavior progressed or if the effective.  I #3 refused to take a shower owance.  Into document what used to redirect the behavior ence was effective.  I #3 was asked to get up and and the attempted to watch told he had not earned all #3 got upset, started owing things at staff, and the "Consequence" section dual #3 did not earn allowance	W 252			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUIL	ULTIPLE CONSTRUCTION  _DING	(X3) DATE SURVEY COMPLETED	
	13G078	B. WIN	G		C 4/2011
NAME OF PROVIDER OR SUPPLIER HOME AGAIN ICF			STREET ADDRESS, CITY, STATE, ZIP COI 2311 ARUBA DRIVE NAMPA, ID 83686		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY)		(X5) COMPLETION DATE
W 252 Continued From	page 67	W 2	252		
events leading up interventions staff Further there was consequences we - 1/10/11: Individuand he did not ear The ABC form did interventions staff if the consequence When asked, the interview on 2/11. ABC forms did not The facility failed Individuals #1 - # provided sufficier assess the effica 483.440(f)(3)(i) PCHANGE  The committee s monitor individual inappropriate behin the opinion of tolient protection at This STANDARD Based on record was determined it restrictive interve with the approval for 4 of 4 individual individual intervention at the protection of the content of the protection at the protection at the protection at the protection at the protection of the protection at the pro	ual #3 refused to go to school urn allowance or a morning star.  d not document what f used to redirect his behavior or ce was effective.  QMRP stated, during an //11 from 2:50 - 4:35 p.m., the of contain sufficient information.  to ensure data collected for 4's maladaptive behaviors at information to adequately cy of the intervention strategies. ROGRAM MONITORING &  hould review, approve, and I programs designed to manage havior and other programs that, the committee, involve risks to	W2	262		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BU			(	
		13G078	B. WII	NG_			4/2011
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 262	resulted in a lack of rights through prior interventions. The  1. Individual #1's IP 12 year old male wl ADHD, PTSD, mild impulse control disc facility on 9/21/10.  Individual #1's 1/11 Strattera (a central daily for ADHD, top drug) 25 mg daily for (an anticonvulsant control, and guanfadrug) 2 mg daily for documented he was these drugs prescrit However, Individual HRC approval for the During an interview 12:25 p.m., the Adrihad mailed written individual #1's guar been returned and review. The Admin for Individual #1's been obtained.  The facility failed to behavior modifying with approval of the 2. Individual #2's 5/year old male whos	f protection of individuals' approvals of restrictive findings include:  P, undated, stated he was a hose diagnoses included mental retardation, and order. He was admitted to the MAR stated he received nervous system drug) 40 mg iramate (an anticonvulsant or PTSD, divalproex sodium drug) 500 mg daily for mood orine HCL (an antihypertensive ADHD. His record admitted to the facility with bed.  I #1's record did not contain the drugs.  on 2/11/11 from 10:30 a.m ministrator stated the facility informed consents to original did not contain the drugs.  on 2/11/11 from 10:30 a.m ministrator stated the facility informed consents to original did not contain the drugs.  on 2/11/11 from 10:30 a.m ministrator stated the facility informed consents to original did not contain the drugs.  on 2/11/11 from 10:30 a.m ministrator stated the facility informed consents to original did not contain the drugs.  on 2/11/11 from 10:30 a.m ministrator stated the facility informed consents to original did not contain the drugs.	W:	262			

		IDENTIFICATION NUMBER:	A. BU		3	COMPLETED	
		13G078	B. WII	NG	William Willia		C <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686	,	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 262	mental retardation Individual #2's 2/1: Abilify (an antipsychaggression/agitatics system drug) 54 m sodium (an anticorfor aggression, lith antipsychotic drug and trazodone (and mg nightly for insome sodium However documented approval Request Concerta and one sodium. However documented approval for trazodone.  During an interview 12:25 p.m., the Adsheet should have Approval Request reviewed and approval Request reviewed and approval had been The facility failed the behavior modifying with approval of the 3. Individual #3's mold male diagnose obsessive compulsions agreed the solution of the solution o	MAR stated he received chotic drug) 15 mg daily for on, Concerta (a central nervousing daily for ADHD, divalproex noulsant drug) 1500 mg daily ium carbonate (an of 1200 mg daily for aggression, antidepressive drug) 50 - 150 mnia.  Ord contained two HRC Forms, one dated 2/1/11 for dated 12/22/10 for divalproex, the forms did not include oval from the HRC.  Idual #2's record did not contain Abilify, lithium carbonate, or ministrator stated a signature been attached to the HRC Forms indicating the HRC had roved the drugs. The ed it did not appear that HRC in obtained for the drugs.  In ensure Individual #2's groups were implemented only the HRC.  Record documented a 15 year and with mild mental retardation, and the stated a signature did with mild mental retardation, and the stated and the sta	W	262			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		13G078	B. WIN	IG_			C <b>4/2011</b>
	ROVIDER OR SUPPLIER	-		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE NAMPA, ID 83686	<u> </u>	7,2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPRINT DEFICIENCY)	E ACTION SHOULD BE O TO THE APPROPRIATE	
W 262	documented he rec (an antidepressant further stated the st 2/16/10.  Individual #3's record Request Form, date However, his record documentation the trazodone.  When asked, the A interview on 2/11/1 p.m., HRC approvational an oversight.  The facility failed to obtained prior to the Individual #3.  4. Individual #4's record male diagnosed oppositional defiant NOS, bipolar disord His record included 6/29/10, which dock Risperdal (an antipadaily and 0.5 mg or Individual #4's record approval, dated 1/1 documentation the the drug between 6  When asked, the A interview on 2/11/1 p.m., HRC approval	reived 150 mg of trazodone drug) nightly. The order tart date of trazodone was rd contained an HRC Approval ed 3/10/10, for trazodone. d did not include HRC had approved the use of dministrator stated during an 1 from 10:30 a.m 12:25 I was not documented due to ensure HRC approval was e use of trazodone for cord documented a 17 year I with mild mental retardation, a disorder, mood disorder ler with psychosis, and PTSD. I a physician's order, dated umented he received sychotic drug) 2 mg two times	Wa	262			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G	С	
		13G078	B. WING _		1	4/2011
	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 262 W 263	The facility failed to obtained prior to the Individual #4.	ge 71 ensure HRC approval was e use of Risperdal for OGRAM MONITORING &	W 262			
	are conducted only	uld insure that these programs with the written informed t, parents (if the client is a rdian.				
	This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian for 4 of 4 individuals (Individuals #1 - #4) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior consent for restrictive interventions. The findings include:					
	12 year old male wh ADHD, PTSD, mild	P, undated, stated he was a nose diagnoses included mental retardation, and order. He was admitted to the				
	Form to obtain initial interventions. The verbal consent for r 30 days after the co	a Telephone/Verbal Consent al consent for restrictive form stated telephone or estrictive interventions expired onsent was obtained and must en informed consent from the				
		MAR stated he received nervous system drug) 40 mg				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI		<u> </u>		С
		13G078	B. WIN	G		02/14	4/2011
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 811 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 263	drug) 25 mg daily for (an anticonvulsant control, and guanfadrug) 2 mg daily for documented he was the drugs prescribed a. Individual #1's restrete phone/Verbal (drugs, all dated 9/2 Individual #1's father telephone consent Telephone/Verbal (10/29/10 (30 days obtained).  However, Individual documentation that been obtained for the Telephone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's restrete phone/Verbal (drugs, all dated 11/20 documented Individual #1's guand do	piramate (an anticonvulsant or PTSD, divalproex sodium drug) 500 mg daily for mood acine HCL (an antihypertensive of ADHD. His record is admitted to the facility with ed.  Second contained Consent Forms for each of the 19/10. The Forms documented for the facility's LPN. The Consent Forms expired from the date consent was all #1's record did not include the written informed consent had the drugs.  Second included a second set of Consent Forms for each of the 1/18/10. The Forms dual #1's father/guardian had be consent to the facility's sphone Verbal Consent Forms 30 days from the date consent had the twritten informed consent forms all #1's record did not include the twritten informed consent had the date consent to the facility's sphone Verbal Consent Forms all #1's record did not include the twritten informed consent had the twritten informed c	W2	263			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	COMPLETED	
		13G078	B. WIN	IG _			) 1/2011
	ROVIDER OR SUPPLIER		<b>!</b>	23	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 263	not sure what to do consents prior to the consent.  The facility failed to consent was obtain the expiration of the #1's behavior modi  2. Individual #2's 5/year old male whose mixed with psychotomental retardation,  Individual #2's 2/11  Abilify (an antipsychaggression/agitation system drug) 54 m sodium (an anticonfor aggression, lithing antipsychotic drug) and trazodone (and mg nightly for insort Individual #2's reconsertal and one consodium. Both HRCC	t documented, and she was if a guardian did not return the expiration of the verbal end of the expiration of the verbal end from the guardian prior to everbal consent for Individual fying drugs.  10 IPP stated he was a 13 se diagnoses included bipolar ic features, ADHD, mild and mood disorder.  MAR stated he received hotic drug) 15 mg daily for n, Concerta (a central nervous g daily for ADHD, divalproex vulsant drug) 1500 mg daily fum carbonate (an 1200 mg daily for aggression, antidepressive drug) 50 - 150	W	263	DEFICIENCY		
	documentation of v	al #2's record did not contain vritten informed guardian lithium carbonate, or					
	12:25 p.m., the Adı	on 2/11/11 from 10:30 a.m ministrator stated the HRC Form, once signed by the				, ver	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
		13G078	A. BUIL B. WIN				C 4/2011
NAME OF P	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686	02/1	4/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 263	consent document. facility's LPN was reconsents, and state been obtained.  During a telephone 8:53 - 9:04 a.m., the on Abilify, lithium cato her employment  The facility failed to consent was obtain lithium carbone, an 3. Individual #3's reold male diagnosed obsessive compuls schizo-affective disphysician's order, documented he reconsent was obtained prior the use of trazodon.  When asked, the A interview on 2/11/1 p.m., consent was a coversight.  The facility failed to was obtained prior Individual #3.	acility's written informed The Administrator stated the esponsible for obtaining ed it appeared consent had not interview on 2/14/11 from e LPN stated Individual #2 was arbonate and trazodone prior with the facility.  ensure written informed ed for Individual #2's Abilify, d trazodone.  cord documented a 15 year I with mild mental retardation, ive disorder, and order. His record included a lated 1/11/11, which evived 150 mg of trazodone drug) nightly. The order tart date of trazodone was	W 2	263			
	4. Illutviuudi #4 5 [E	cord documented a 17 year					

	F OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII			COMPLE	TED
		13G078	B. WIN	G		1	
	ROVIDER OR SUPPLIER			2311	T ADDRESS, CITY, STATE, ZIP CODE ARUBA DRIVE IIPA, ID 83686	OF CORRECTION (X: ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES :Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 263	old male diagnose oppositional defiar NOS, bipolar disor His record include 6/29/10, which doe Risperdal (an antipolar daily and 0.5 mg of Individual #4's reconsent, dated 1/1 guardian's signatu was no documentate consent for the usuand 1/12/11.  When asked, the vinterview on 2/11/1 p.m., consent was period in question  The facility failed to was obtained prior Individual #4.	nd with mild mental retardation, in disorder, mood disorder reder with psychosis, and PTSD. It is a physician's order, dated cumented he received psychotic drug) 2 mg two times	W 2				
	behavior and facili met.	ensure that specific client ity practices requirements are					17.14
	Based on record r was determined the techniques used to behavior were suf- implemented, and	is not met as evidenced by: eview and staff interviews, it ne facility failed to ensure o manage inappropriate ficiently developed, consistently closely monitored. This failure uals not receiving appropriate		-0000			

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  W 266  Continued From page 76 behavioral services and interventions. The findings include:  1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs.  2. Refer to W227 as it relates to the facility's failure to ensure individuals' IPPs included objectives to meet their behavioral needs.  3. Refer to W239 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs.  4. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of behavior intervention strategies.  5. Refer to W278 as it relates to the facility's failure to ensure an individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior.  6. Refer to W289 as it relates to the facility's		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 266  Continued From page 76 behavioral services and interventions. The findings include:  1. Refer to W214 as it relates to the facility's failure to ensure behavioral needs.  2. Refer to W227 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs.  4. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of behavior intervention strategies.  5. Refer to W278 as it relates to the facility's failure to ensure an individuals' second included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior.  6. Refer to W289 as it relates to the facility's 6. Refer to W289 as it relates to the facility's						<u> </u>	(	С
HOME AGAIN ICF    X41 JD   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED HEAPPROPRIATE			13G078	B. WIN			02/1/	4/2011
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 266  Continued From page 76 behavioral services and interventions. The findings include:  1. Refer to W214 as it relates to the facility's failure to ensure behavioral needs.  2. Refer to W227 as it relates to the facility's failure to ensure individuals' PPs included objectives to meet their behavioral needs.  3. Refer to W239 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs.  4. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of behavior intervention strategies.  5. Refer to W278 as it relates to the facility's failure to ensure an individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior.  6. Refer to W289 as it relates to the facility's					23	311 ARUBA DRIVE		
behavioral services and interventions. The findings include:  1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs.  2. Refer to W227 as it relates to the facility's failure to ensure individuals' IPPs included objectives to meet their behavioral needs.  3. Refer to W239 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs.  4. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of behavior intervention strategies.  5. Refer to W278 as it relates to the facility's failure to ensure an individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior.  6. Refer to W289 as it relates to the facility's	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETION
failure to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into individuals' program plans.  7. Refer to W303 as it relates to the facilty's failure to ensure individuals' records documented a clear understanding of the events before, during, and after the use of restraint.  8. Refer to W312 as it relates to the facility's	W 266	behavioral services findings include:  1. Refer to W214 at failure to ensure be current, compreher individuals' behavioral services to meet to dispersive to ensure incobjectives to meet to dispersive to ensure appearance of least restrictive techniques behavioral services and incorporated in 7. Refer to W303 at failure to ensure techniques behavioral services desired to ensure techniques behavioral services desired to ensure techniques being ut restrictive techniques desired to ensure techniques desired	s it relates to the facility's chavioral assessments were asive, and accurately identified and needs.  Is it relates to the facility's dividuals' IPPs included their behavioral needs.  Is it relates to the facility's appropriate replacement antified and incorporated into an intervention programs.  Is it relates to the facility's at a was collected sufficiently to accy of behavior intervention  It relates to the facility's and individual's record included astrictive or more positive tilized prior to the use of more as to manage behavior.  Is it relates to the facility's change used to manage wior were sufficiently defined to individuals' program plans.  Is it relates to the facility's change used to the facility's change used to manage wior were sufficiently defined to individuals' records documented and of the events before, as use of restraint.	W 2	266			

PRINTED: 02/28/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE S COMPLE	
		13G078	B. WING			C <b>4/2011</b>
NAME OF P	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CO 311 ARUBA DRIVE NAMPA, ID 83686	N-W	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 266	used only as a com IPPs that were dire reduction of and ever behaviors for which 9. Refer to W313 a failure to ensure be not used until the shown to outweigh drugs. 483.450(b)(1)(iii) MCLIENT BEHAVIO Procedures that go inappropriate client the use of more resclient's record documorporating the use of more resclient's record documorporating the use and demonstrated. This STANDARD Based on record rewas determined the individuals' records restrictive or more utilized prior to the techniques to manaindividuals (Individuals interventions were potential for an individual for an individua	chavior modifying drugs were aprehensive part of individuals' cted specifically towards the rentual elimination of the at the drugs were employed.  Is it relates to the facility's chavior modifying drugs were everity of the behavior was the associated risks of the associated risks of the recommendation of the comments of the control of the behavior must insure, prior to estrictive techniques, that the aments that programs see of less intrusive or more thave been tried systematically	W 266			
	year old male whos	/10 IPP stated he was a 13 se diagnoses included bipolar iic features, ADHD, mild				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		LE CONSTRUCTION	COMPLET	TED
		13G078	B. WIN	IG			1/2011
NAME OF P	ROVIDER OR SUPPLIER			23	ET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 278	mental retardation, Individual #2's 2/12 trazodone (an antic PRN for insomnia. His record included 1/31/11, which doc mother called the produced Individual #2 had wand did not go bac note further stated clarified, but did not During an interview 12:25 p.m., the Ad #2's trazodone was stated she believed the psychiatrist who concerns Concertal Individual #2's reconstructed on 1/26/11 documented he retrazodone on 11/9/17 Telephone/Verbal which stated trazod Individual #2 havin night." The record documentation regulation and inability to sleep ar interventions prior trazodone.  During an interview During an interview of the state of the s	and mood disorder.  MAR stated he received depressant drug) 50 - 150 mg  d a psychiatric note, dated sumented Individual #2's psychiatric provider and stated woken up Saturday at midnight k to sleep until 7:00 a.m. The the trazodone order was of provide information on how.  V on 2/11/11 from 10:30 a.m ministrator stated Individual sinew. The Administrator dithe trazodone was added by en Concerta was started due to a could cause insomnia.  Ord documented Concerta was a However, his 11/10 MAR ceived his first dose of 10, and his record contained a Consent Form, dated 11/2/10, done was added due to g a "hard time going to bed at included no additional parding the use of trazodone.  dual #2's record did not include the facility had assessed his and attempt less restrictive to the implementation of v on 2/11/11 from 10:30 a.m ministrator stated there was no	W	278			
	. ,						

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. 1		.E CONSTRUCTION	(X3) DATE S COMPLE	
	13G078	B. WIN	IG			C <b>4/2011</b>
ROVIDER OR SUPPLIER		•	231	1 ARUBA DRIVE		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETION DATE
documentation of lebeing tried before to the facility failed to interventions had be proven to be ineffect trazodone for Indivi 483.450(b)(4) MGM CLIENT BEHAVIOI The use of systemal inappropriate client incorporated into the	ess restrictive interventions razodone was implemented.  ensure less restrictive een systematically tried and ctive prior to the use of dual #2.  IT OF INAPPROPRIATE  atic interventions to manage behavior must be e client's individual program		- STATE - STAT			
Based on record re was determined the techniques used to behavior were sufficincorporated into the individuals (Individuals of appropriate to ensure individual The findings included 1. Individual #1's IP 12 year old male with ADHD, PTSD, mild impulse control discontrol disco	view and staff interviews, it is facility failed to ensure manage inappropriate ciently defined and e program plans for 2 of 4 rals #1 and #2) whose ere reviewed. This resulted in e interventions being in place is' behavioral needs were met. e:  P, undated, stated he was a mose diagnoses included mental retardation, and order. He was admitted to the		- Auto-			
	ROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa documentation of le being tried before tr  The facility failed to interventions had be proven to be ineffect trazodone for Indivi 483.450(b)(4) MGM CLIENT BEHAVIOI  The use of systema inappropriate client incorporated into th plan, in accordance this subpart.  This STANDARD is Based on record re was determined the techniques used to behavior were sufficincorporated into th individuals (Individual program records we a lack of appropriat to ensure individual The findings include  1. Individual #1's IP 12 year old male wid ADHD, PTSD, mild impulse control disc facility on 9/21/10.  Individual #1's PBS behaviors for each	The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure inappropriate behavior were sufficiently defined and incorporated into the program plans for 2 of 4 individuals (Individuals #1 and #2) whose program records were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals behavioral needs were met. The findings include:  1. Individual #1's IPP, undated, stated he was a 12 year old male whose diagnoses included ADHD, PTSD, mild mental retardation, and impulse control disorder. He was admitted to the	ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 79 documentation of less restrictive interventions being tried before trazodone was implemented.  The facility failed to ensure less restrictive interventions had been systematically tried and proven to be ineffective prior to the use of trazodone for Individual #2.  483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans for 2 of 4 individuals (Individuals #1 and #2) whose program records were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals' behavioral needs were met. The findings include:  1. Individual #1's IPP, undated, stated he was a 12 year old male whose diagnoses included ADHD, PTSD, mild mental retardation, and impulse control disorder. He was admitted to the facility on 9/21/10.  Individual #1's PBSP included replacement behaviors for each identified maladaptive	ROVIDER OR SUPPLIER GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 79  documentation of less restrictive interventions being tried before trazodone was implemented.  The facility failed to ensure less restrictive interventions had been systematically tried and proven to be ineffective prior to the use of trazodone for Individual #2.  483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  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Individual #1's PBSP included replacement behaviors for each identified maladaptive	ROVIDER OR SUPPLIER  GAIN ICF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 79  documentation of less restrictive interventions being tried before trazodone was implemented.  The facility failed to ensure less restrictive interventions had been systematically tried and proven to be ineffective prior to the use of trazodone for Individual #2.  483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  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Individual #1's PBSP included replacement behaviors for each identified maladaptive	TOURSECTION  13G078  13G078  STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686  SUMMARY STATEMENT OF DEFICIENCIES (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 79 documentation of less restrictive interventions being tried before trazodone for Individual #2. 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by. Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans for 2 of 4 individuals (Individuals #1 and #2) whose program records were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals "behavioral needs were met. The findings include:  1. Individual #1's IPP, undated, stated he was a 12 year old male whose diagnoses included ADHD, PTSD, mild mental retardation, and impulse control disorder. He was admitted to the facility on 9/21/10.  Individual #1's PBSP included replacement behaviors for each identified maladaptive

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION  G	COMPLE	ETED
		13G078	B. WI	NG _			C 4/2011
	ROVIDER OR SUPPLIER		I	2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		-77.4011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 289	sufficient informati implementing the i a. Individual #1's F objective for task a refusing to comply tasks). The Repla "Given direct verba request a break duhe begins to show However, the plan staff on how to traidesired skill (i.e., t refusal built into tamaladaptive behavithe maladaptive behavithe maladaptive behavithe maladaptive stated "Cless, [Individual #1's F objective stated "Cless, [Individual #1 interactions with si However, the plan staff on how to traidesired skill (i.e., t communication sk training, etc.) prior behavior.	on as to direct staff in interventions as follows:  PBSP, dated 5/10, included an avoidance/defiance (defined as with staff requests or complete cement Objective stated all prompts, [Individual #1] will uring a non preferred task when signs of anxiety"  did not include directions to in Individual #1 to engage in the hrough scenarios, options for sks not typically related to the vior, etc.) prior to engaging in	W	289			
	making threatenin into the face of state to intimidate other	g gestures to others, getting aff or peers, and using his size s). The Replacement Objective ot verbal prompts, [Individual	- Avenue				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		13G078	B. Wil	۱G			2 4/ <b>2011</b>
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	J. Transmission of the Control of th	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 289	#1] will comply with However, the plan of staff on how to train desired skill (i.e., the engaging in the mand. Individual #1's Plobjective for physich hitting, spitting, kick angry). The Replace "Given direct verbahis feelings when he however, the plan of staff on how to train desired skill (i.e., the communication skill prior to engaging in e. Individual #1's Plobjective for tantrularound the room, of the ground, and flin Replacement Objective for prompt or leshis appropriate interestaff on how to train desired skill (i.e., the communication skill training, etc.) prior to behavior.  f. Individual #1's PE objective for proper breaking his toys of	staff requests"  did not include directions to Individual #1 to engage in the rough scenarios, etc.) prior to	W	289			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		13G078	B. WI			1	C <b>4/2011</b>
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 289	#1] will increase his emotion he is feeling the motion he is feeling. However, the plan staff on how to train desired skill (i.e., the motions when not behaviors, etc.) prismaladaptive behave. During an interview p.m., the QMRP, A stated replacement revised and for all if facility.  2. Individual #2's 5 year old male whose mixed with psycholomental retardation, Individual #2's PBS behaviors for each behavior. Howeve sufficient informatic implementing the interview as a lindividual #2's Pobjective for physic (defined as hitting, those around him) stated "Given a direction of the positive attention seembally)"  However, the plan	coal prompt or less, [Individual so instances of naming the ang to staff"  did not include directions to an Individual #1 to engage in the arough scenarios, identifying to engaged in maladaptive for to engaging in the	W	289			

-	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		13G078	B. WI	1G _			C <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 289	attention verbally.  b. Individual #2's P objective for verbal threatening staff wi when angry). The "Given 2 direct verl #2] will increase his staff"  However, the plan staff on how to train desired skill (i.e., the communication ski training, etc.) prior behavior.  c. Individual #2's P objective for teasin (defined as poking taunting other reside doing things that of a reaction from the Objective stated "G [Individual #2] will interactions with the However, the plan staff on how to train desired skill (i.e., the training, increasing management training the maladaptive bed. Individual #2's P objective for proper breaking his toys on Replacement Objective for proper breaking his toys of Replacement Objective for proper breaking his toys	BSP, dated 5/10, included an assault to staff (defined as th harm or cursing at staff Replacement Objective stated pal prompts or less, [Individual is appropriate interactions with did not include directions to in Individual #2 to engage in the prough scenarios, increasing lls, anger management to engaging in the maladaptive BSP, dated 5/10, included an g/provoking other residents residents with his finger, lents who are in restraint, or thers do not like in order to "get resident"). The Replacement Given 2 direct verbal prompts, increase his appropriate e other residents"  did not include directions to in Individual #2 to engage in the prough scenarios, boundary communication skills, angering, etc.) prior to engaging in	W	289			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	
		13G078	B. WIN	IG	***************************************		C <b>4/2011</b>
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODI 111 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 289	his instances of talk However, the plan of staff on how to train desired skill (i.e., the communication skill etc.) prior to engage behavior.  e. Individual #2's Plobjective for tantrur ground kicking, cryill Replacement Objective for tantrur ground kicking, cryill Replacement Objective for how to train desired skill (i.e., the communication skill training, etc.) prior to behavior.  f. Individual #2's Plobjective for sexual (poking female staff making inappropriate gestures). The Replacement Objective for sexual (poking female staff making inappropriate gestures). The Replacement of the things that he will however, the plan of staff on how to train desired skill (i.e., the communication skill engaging in the main staff on how to train desired skill (i.e., the communication skill engaging in the main staff on th	did not include instructions to a Individual #2 to engage in the rough scenarios, increasing Is, anger management skills, ing in the maladaptive  BSP, dated 5/10, included an ms (defined as falling to the ing and screaming). The ctive stated "Given a direct ss, [Individual #2] will increase ractions with staff"  did not include directions to a Individual #2 to engage in the grough scenarios, increasing Is, anger management to engaging in the maladaptive  BSP, dated 5/10, included an ally inappropriate behaviors in the breast area and the sexual comments or colacement Objective stated and prompt or less, [Individual second communication skills to get wants"  did not include directions to a Individual #2 to engage in the grough scenarios, Is training, etc.) prior to	W	289			

	F CORRECTION	IDENTIFICATION NUMBER:	A. BU		NG	COMPL	ETED
		13G078	B, WII	NG.		1	C I <b>4/2011</b>
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP COD 2311 ARUBA DRIVE NAMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 289	stated replacement revised and for all facility.  3. Individual #3's roold male diagnose obsessive compuls schizo-affective distribution of the plant of the plan	AQMRP and Administrator all to behaviors needed to be individuals residing at the ecord documented a 15 years of with mild mental retardation, sive disorder, and sorder.  SP included replacement identified maladaptive r, the plans did not include on as to direct staff in interventions as follows:  PBSP, dated 5/10, included an ecal aggression (defined as staff and other residents). The ective stated "[Individual #3] will stances per month of discussion staff when he becomes angry	W	289			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		13G078	B. WING		I	C <b>4/2011</b>
	PROVIDER OR SUPPLIER	3	2:	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	•	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE		
W 289	staff on how to train desired skill (i.e., the refusal techniques, maladaptive behaved. Individual #3's Plobjective for difficul "acting restless at a falling asleep"). The stated "When giver [Individual #3] will sto go to sleep at the trials."  However, the planestaff on how to train desired skill (i.e., the hygiene training, et maladaptive behaved. When asked, the CA Administrator all states 2/11/11 from 2:50 replacement behaved. The facility failed to replacement behaved. Individual #4's result of the maladaptive disorder. Individual #4's result of the maladaptive for physical making threatening face of staff or peer making threatening face	Individual #3 to engage in the rough scenarios, appropriate etc.) prior to engaging in the ior.  BSP, dated 5/10, included an ty falling asleep (defined as bedtime and having difficulty e Replacement Objective indirect verbal prompts, stay in his bed when prompted appropriate hours in 80% of did not include directions to in Individual #3 to engage in the irough scenarios, sleep c.) prior to engaging in the irough scenarios, sleep c.) prior to engaging in the irough scenarios, sleep c.) prior to engaging in the irough scenarios in the irough scenarios were developed for ensure appropriate irors were developed for excord documented a 17 year if with mild mental retardation, er NOS, bipolar disorder with	W 289			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		13G078	B. WII	۱G			C <b>4/2011</b>
	ROVIDER OR SUPPLIER			2:	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 303	Objective stated "G [Individual #4] will of 50% of trials per m However, the plant staff on how to train desired skill (i.e., the communication skill training, etc.) prior behavior.  b. Individual #4's Pobjective for restles (defined as "becomas it gets closer to Objective stated "G [Individual #4] will of to bed."  However, the plant staff on how to train desired skill (i.e., the hygiene training, etc.) the maladaptive behave When asked, the GAdministrator all staglet 11/11 from 2:50 replacement behave The facility failed to plans included suff to implement their 483.450(d)(4) PHY	diven direct verbal prompts, comply with staff requests in conth."  did not include directions to a Individual #4 to engage in the crough scenarios, increasing als, anger management to engaging in the maladaptive assness/difficulty falling asleep aing more awake and restless night time"). The Replacement comply with staff prompts to go did not include directions to a Individual #4 to engage in the prough scenarios, sleep c.) prior to engaging in the		303			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	LE CONSTRUCTION	COMPLETED	
		13G078	B. WII	IG	<u> </u>	I	4/2011
	PROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 11 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE	
W 303	This STANDARD Based on record rowas determined the individuals' records understanding of the after the use of restraint comprehensive rethe IDT's, the facility to and/or recommend restraint. Findings  1. The facility utilize that included a grid time in and time or restraint was part medical/PRN restrincluding CPI-1 stand a section to de Under the grid were antecedent, behavior, as well a staff took to avoid incurred during the The facility's Restring the staff took to avoid incurred during the Sheets did not cord.  Individual #1's I's I's year old male we ADHD, PTSD, milimpulse control disfacility on 9/21/10.	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure s documented a clear he events before, during, and straint for 4 of 4 individuals 4) whose records documented its. Failure to keep a cord of restraint usage impeded ity's HRC, and individuals' o make informed decisions dations regarding the use of include:  ed a Restraint Report Sheet d that allowed staff to document out of the restraint, whether the of a program, emergency, or a raint, the type of restraint used aff, CPI-2 staff, or mechanical, becoment 30 minute checks. The questions related to the rior, and consequence of the lies a place to document steps the restraint and any injuries the restraint.  Taint Report Sheets from 9/1/10 fiewed. The Restraint Report of itain sufficient data as follows:  PP, undated, stated he was a whose diagnoses included d mental retardation, and sorder. He was admitted to the Individual #1's PBSP, dated he could receive up to a CPI	W	303			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI		G	С	
		13G078	B. WII	IG		02/14	4/2011
	HOME AGAIN ICF			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PRE <b>F</b> TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTO CROSS-REFERENCED TO THE APPROFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 303	Individual #1's Rest include sufficient in included, but were 1 - 9/22/10: Individua 7:00 a.m. The form restraint used. The hitting and spitting of fishhook to harm an not include clear interior, during, and - 9/23/10: Individua 9:40, a.m./p.m. not document the type minute checks had stated Individual #1 hit, kicked, and pur wall, and was bitting clear information reduring, and after the - 10/8/10: Individua a.m./p.m. not indicated individual a.m./p.m. not indicated for restraint use #1 was cued to clear started to yell, kicked his room. The form information related and after the restraint use #1 was cued to clear the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the restraint use #1 was cued to clear the form information related and after the form information	traint Report Sheets did not formation. Examples not limited to, the following:  I #1 was restrained from 6:30 - 1 did not document the type of 1 form stated Individual #1 was no staff and trying to use a nother individual. The form did formation related to the events after the restraint.  I #1 was restrained from 9:00 - 1 indicated. The form did not of restraint used or if 30 been completed. The form did not want to go to bed and 1 inched staff, hit his head on a 1 indicated to the events before, in restraint.  I #1 was restrained at 7:05, and the restraint lasted or the 1 indicated in the restraint lasted or the 1 indicated in the form stated Individual in this room, got mad and 1 indicated to the events before, during, indicated in the events before, during,	W	803			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	PLE CONSTRUCTION	(X3) DATE S COMPLE	
		13G078	B. WING			C 4/2011
	ROVIDER OR SUPPLIER		23	EET ADDRESS, CITY, STATE, ZIP CO 111 ARUBA DRIVE AMPA, ID 83686		7/4011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 303	form did not include the events before, or 11/18/10: Individual staff restraint. The restraint was not do Individual #1 was on hit staff, and hit him did not include clear events before, during 1/14/11: Individual 7:17, a.m./p.m. not document the type stated Individual #1 and kicked staff. To information related and after the restraint used. The refused to go to be chair. The corresp Individual #1 threw at which time "staff [Individual #1] a Refunction in the AQMRP was refused to go to be chair. The corresp Individual #1] a Refunction in the AQMRP was refunded to go to be chair. The corresp Individual #1 and the wat which time "staff [Individual #1] a Refunction in the AQMRP was refunded to go to be chair. The Administrator in the AQMRP was supposed the Administrator in the AQMRP was supposed the Administrator in the supposed in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was refunded in the AQMRP was refunded in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was supposed in the AQMRP was supposed in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was refunded in the AQMRP was refunded in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was refunded in the AQMRP was supposed in the AQMRP was refunded in the AQMRP	e clear information related to during, and after the restraint.  al #1 was placed in a CPI-2 time in/time out for the ocumented. The form stated ued to go to bed, threw items, iself and the walls. The form information related to the ing, and after the restraint.  I #1 was restrained from 7:15 - indicated. The form did not of restraint used. The form threw a remote control and hit is form did not include clear to the events before, during, int.  I #1 was restrained. The form the time in/time out of the ot document the type of e form stated Individual #1 d, was spitting, and threw a onding ABC form stated a chair at the door in his room went into the Room and Gave estraint [sic]." The form did not nation related to the events	W 303			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. 1		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL		<u> </u>		3
		13G0 <u>7</u> 8	B, WIN	G_			4/2011
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 811 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 303	effectiveness for the use.  b. Individual #2's 5/year old male whos mixed with psychotimental retardation, PBSP, dated 5/10, up to a CPI Team Findividual #2's Restinclude sufficient in included, but were restated individual #2 staff, and kicked staclear information reduring, and after the -9/26/10: Individual -12:00, a.m./p.m. ndocument the type stated Individual #2 individual was mow cursed at staff. The information related and after the restraint and did not restraint, and did not restraint, and spit or individual. The form	to IPP stated he was a 13 e diagnoses included bipolar c features, ADHD, mild and mood disorder. His documented he could receive Restraint (undefined).  raint Report Sheets did not formation. Examples not limited to, the following:  #2 was restrained from 7:20 - indicated. The form did not of restraint used. The form hit staff in the back, punched aff. The form did not include lated to the events before, e restraint.  #2 was restrained from 11:40 not indicated. The form did not of restraint used. The form got mad when another ing the lawn and hit, spit, and e form did not include clear to the events before, during, int.  al #2 was restrained. The ent the time in/time out of the obt document the type of form stated Individual #2 hit, in staff and threatened another in did not include clear to the events before, during, int.	W 3	003			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		13G078	B. WING		02/1/	2 4/2011
NAME OF P	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	02/12	#/ZUTT
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIES OF THE	ULD BE	(X5) COMPLETION DATE
W 303	Continued From page 92 - 10/21/10: Individual #2 was restrained. The		W 303			
	form did not docum restraint, and did no restraint used. The attempted to kick s his wall. The form	tent the time in/time out of the obt document the type of form stated Individual #2 taff, threw items, and punched did not include clear to the events before, during,				
	6:05, a.m./p.m. not document the type stated Individual #2 redirected to his rod doors, throwing iter did not include clea	I #2 was restrained from 5:45 - indicated. The form did not of restraint used. The form 8 was swearing at others, was om and began hitting walls and ms, and hitting staff. The form or information related to the ng, and after the restraint.				
	did not document the restraint and did not restraint used. The hitting and kicking s	I #2 was restrained. The form the time in/time out of the ot document the type of e form stated Individual #2 was staff. The form did not include elated to the events before, e restraint.				
	10:30, a.m./p.m. no document the type stated Individual #2 bite, hit, and kick si	#2 was restrained from 10:15 - of indicated. The form did not of restraint used. The form 2 was screaming and tried to taff. The form did not include elated to the events before, e restraint.				
	did not document to restraint, and did no	#2 was restrained. The form he time in/time out of the ot document the type of e form stated Individual #2 was				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION  G	COMPLETED		
		13G078	B. WIN	IG_		02/14	2 4/2011
	ROVIDER OR SUPPLIER			23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 303	spitting and kicking an air conditioner, a staff. The form did related to the even restraint.	age 93 staff, kicked the face plate off and threw the face plate at not include clear information as before, during, and after the	W	303			
	p.m., the Administre the AQMRP was re QMRP was supposed the Administrator of missing information and questioned. The sufficient information of the Administrator of the Administr	ator and QMRP both stated eviewing restraint data and the sed to review the restraint data and QMRP both stated the should have been identified the QMRP stated there was not on present to evaluate the e restraint and ensure proper		All			
	old male diagnosed obsessive compuls schizo-affective dis	order. His PBSP, dated, 5/10, uld receive a team restraint					
	include sufficient in	traint Report Sheets did not formation. Examples not limited, to the following:					
	- 11:45, a.m./p.m. i corresponding ABC	al #3 was restrained from 11:30 not indicated. However, the C form documented Individual estraint 3 times during that time					
	8:50 p.m. The form restraint used or in checks. Additional	nt #3 was restrained from 8:00 - n did not document the type of clude evidence of 30 minute ly, the corresponding ABC Individual #3 was placed in					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING			COMPLETED	
		13G078	B. WIN	IG			C <b>4/2011</b>
,	ROVIDER OR SUPPLIER			231	ET ADDRESS, CITY, STATE, ZIP CODE 1 ARUBA DRIVE MPA, ID 83686		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE	
W 303	restraint twice during a service of the comment that the comment that the form did not do restraint used.  When asked, the comment the comment of the commen	ing this time period.  ual #3 was restrained from 7:00 in not indicated. The form did type of restraint used.  al #3 was restrained. However, indicated during an indicated during an indicated during an indicated from 2:50 - 4:35 p.m. the inented on the Restraint Report infficient.  ecord documented a 17 year and with mild mental retardation, inder NOS, bipolar disorder with insign and indicated in the restraint retardation, inder NOS, bipolar disorder with insign and indicated in the restraint retardation, inder NOS, bipolar disorder with insign and indicated in the restraint retardation, inder NOS, bipolar disorder with insign and indicated in the restraint retardation, inder NOS, bipolar disorder with insign and indicated in the restraint retardation, inder NOS, bipolar disorder with insign and indicated in the retardation, indicated in the retardation i	W	303			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1`'	UL NPI LDING	LE CONSTRUCTION	COMPLETED		
		13G078	B. WI	IG			C 4/2011
NAME OF P	ROVIDER OR SUPPLIER			231	ET ADDRESS, CITY, STATE, ZIP CODE I1 ARUBA DRIVE MPA, ID 83686	32.7	,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 303	interview on 2/11/1 information docume Sheet was not suffi The facility failed to	MRP stated during an 1 from 2:50 - 4:35 p.m. the ented on the Restraint Report	W	303			
W 312	must be used only client's individual p specifically towards		W	312			
	Based on record re was determined the behavior modifying comprehensive partirected specifically eventual elimination the drugs were em (Individual #1 and reduction plans we individuals receiving without plans that is how they may char regression. The firm 1. Individual #1's IF 12 year old male we ADHD, PTSD, miles	is not met as evidenced by: eview and staff interviews, it e facility failed to ensure drugs were used only as a at of individuals' IPPs that were y towards the reduction of and n of the behaviors for which ployed for 2 of 4 individuals #2) whose medication re reviewed. This resulted in g behavior modifying drugs dentified the drugs usage and nge in relation to progress or ndings include: PP, undated, stated he was a chose diagnoses included I mental retardation, and order. He was admitted to the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G078	A. BUIL B. WIN			02/4/	
	ROVIDER OR SUPPLIER	100010		23	EET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE AMPA, ID 83686	UZ/12	1/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 312	Individual #1's 1/11 Strattera (a central daily for ADHD, top drug) 25 mg daily for (an anticonvulsant control, and guanfadrug) 2 mg daily for However, Individual plans that identified they may change in regression.  During an interview p.m., the Administr medication reduction developed due to a The facility failed to Strattera, topirama guanfacine HCL we into a plan.  2. Individual #2's 5 year old male whos mixed with psycholomental retardation, Individual #2's 2/11 Abilify (an antipsycaggression/agitatic system drug) 54 m (an antidepressant insomnia, divalproedrug) 1500 mg dail carbonate (an antif for aggression.	MAR stated he received nervous system drug) 40 mg biramate (an anticonvulsant or PTSD, divalproex sodium drug) 500 mg daily for mood acine HCL (an antihypertensive r ADHD.  If #1's record did not include if the drugs usage and how in relation to progress or a con 2/11/11 from 2:50 - 4:35 ator stated Individual #1's on plans had not been	W 3	12			

STATEMENT OF DEFICE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G078	B. WING _			C 4/2011
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF			2	REET ADDRESS, CITY, STATE, ZIP CODE 311 ARUBA DRIVE IAMPA, ID 83686	02/14	4/2011
PREFIX (EAC	H DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
informat sodium did not in trazodor to the us Individual During a 12:25 p. not a ma Concert The faci Concert incorpor W 313 W 313 Prugs u must no harmful the pote This ST. Based of determine modifying of the beassociat (Individual were reviewed were reviewed to the pote that is a social to the pote that the pote that is a social to the pote that the pote th	and lithium nelude the ne. No add se of those al #2's recomment of the second interview m., the Adredication read or trazodo and trazodo a	to the use of divalproex carbonate. However, the plan use of Abilify, Concerta, or itional documentation related drugs could be found in rd.  Ton 2/11/11 from 10:30 a.m ministrator stated there was duction plan for Abilify, one for Individual #2.  Tensure Individual #2's Abilify, done were appropriately plan.	W 312			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011 FORM APPROVED OMB NO. 0938-0391

		IDENTIFICATION NUMBER:	1, .	A. BUILDING			COMPLETED	
		13G078	B, WII	۷G			2 1/2011	
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF				2	REET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE NAMPA, ID 83686	L.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATI	ULD BE	(X5) COMPLETION DATE	
W 313	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W	313				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED C	
		13G078	5. *******		02/1	4/2011	
NAME OF PROVIDER OR SUPPLIER  HOME AGAIN ICF				REET ADDRESS, CITY, STATE, ZIP CO 2311 ARUBA DRIVE NAMPA, ID 83686	DDE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 313	Continued From particle potential side effects		W 313				

PRINTED: 02/28/2011 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING 13G078 02/14/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) for all corrections see Plan of Porrections Attatched MM177 16.03.11.075.09 Protection from Abuse and MM177 Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W122, W149, W153, W154 and W157. MM182 16.03.11.075.09 (a)(iv) Resident placed in MM182 Restraints The written policy and procedures governing the use of restraints must specify which staff member

Bureau of Facility Standards

MM192

MM194

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

may authorize use of restraints and clearly

This Rule is not met as evidenced by:

behavior for convenience of staff. This Rule is not met as evidenced by:

MM194 16.03.11.075.10(a) Approval of Human Rights

A resident placed in restraint must be checked at least every thirty (30) minutes by appropriately trained staff and an account of this surveillance

Drugs such as tranquilizers must not be used as chemical restraints to limit or control resident

delineate at least the following:

must be kept; and

MM192 16.03.11.075.09 (d) Drugs

Refer to W278.

Refer to W303.

FACILITY STANDARD

TITLE Admin.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		A. BUILDING				
		B. WING				
	13G078		02/14/2011			

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2311 ARUBA DRIVE

HOME AGAIN ICF		NAMPA, ID 83686				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE. (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
MM194	Continued From page 1		MM194			
- end was	Committee  Has been reviewed and approved by the human rights committee; and This Rule is not met as evidenced by: Refer to W262.	e facility's	ę			
MM196	16.03.11.075.10(c) Consent of Parent or Guardian		MM196			
A CALL OF	Is conducted only with the consent of the or guardian, or after notice to the resider representative; and This Rule is not met as evidenced by: Refer to W263.		į			
MM197	16.03.11.075.10(d) Written Plans		MM197			
	Is described in written plans that are kep in the facility; and	pt on file				
The state of the s	This Rule is not met as evidenced by: Refer to W289 and W312.			·		
MM212	16.03.11.075.17(a) Maximize Developm Potential	nental	MM212			
	The treatment, services, and habilitation resident must be designed to maximize developmental potential of the resident as be provided in the setting that is least re of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W266.	the and must				

Bureau of Facility Standards

STATE FORM

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED	
	13G078	B. WING	02/14/2011	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOME AGAIN ICF		2311 ARUBA DRIVE NAMPA, ID 83686				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMATION	ULL PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
MM <b>7</b> 25	Continued From page 2	MM72	5			
MM725	16.03.11.270.01(b) QMRP	MM72	5			
	The QMRP is responsible for supervising implementation of each resident's individ of care, integrating the various aspects of program, recording each resident's program; initiating periodic review of each individual for necessary modifications or adjustment function may be provided by a QMRP out facility, by agreement.  This Rule is not met as evidenced by:	ual plan f the ress and al plan nts. This				
NAN 47700	Refer to W159.	ANATO	0			
MW729	16.03.11.270.01(d) Treatment Plan Obje	ļ	9			
	The individual treatment plan must state objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	specific	1		Constant	
MM730	16.03.11.270.01(d)(i) Diagnostic and Pro Data	gnostic MM73	60			
	Based on complete and relevant diagnost prognostic data; and This Rule is not met as evidenced by: Refer to W214 and W252.	stic and	ł			
MM855	16.03.11.270.08(c) Training and Habilitat Record	tion MM85	5			
	There must be a functional training and habilitation record for each resident main by and available to all training and habilit staff which shows evidence of training ar	ation				

Bureau of Facility Standards

PRINTED: 02/28/2011 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G078 02/14/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2311 ARUBA DRIVE HOME AGAIN ICF NAMPA, ID 83686 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) MM855 MM855 Continued From page 3 habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W239.

Bureau of Facility Standards

## Home Again ICF Plan of Corrections dated 3/2/2011

Key:

QMRP - Qualified Mental Retardation Professional

LCSW - Licensed Clinical Social Warker

LPN - Licensed Practical Nurse

IPP – Individual Pragram Plan

FUBA - Functional Behavior Assessment

AQMRP - Assistant Qualified Mental Retardation Professional

RN - Registered Nurse

ABC - Antecedent, Behavior, Consequence

PBSP - Positive Behavior Support Plan

 Describe what corrective actions will be accomplished for those individuals found to have been affected by the deficient practice.

- 2. Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice and what corrective actions and what corrective actions will be taken.
- 3. Describes what measures will be put into place or what systematic change will be made to ensure that the deficient practice does not reoccur. How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, ie. What quality ossurance program will be put into place.
- 4. What is the date that the corrective actions will be completed?

W122 refer to plan of corrections for W149

FACILITY STANDARDS

### W149

- (1-2.) As stated in the immediate plan of correction, all staff were trained prior to working with the residents that any
  individual who voiced suicidal ideation or made any type of suicidal gesture would be immediately placed on suicide watch
  with a 1:1 arm's length staff, a scale of suicidal ideation would be completed by trained staff and the results immediately
  called to the Licensed Clinical Social Worker (LCSW), the LCSW would gather any additional information needed, the direct
  care staff would follow the directions of the LCSW to ensure the safety of the resident.
- 3. The RN and QMRP will be trained by the LCSW in assessment and protection of residents who have shown suicidal ideation. Our suicide policy is being amended by the administrator to ensure that residents are protected from potential dangers and that suicidal ideation is sufficiently assessed and monitored.
- 4. These changes will have been completed as of 3/9/11.

### <u>W153</u>

- The Administrator retrained the staff members responsible for late notifications of abuse on the importance of immediate notification of any allegation of abuse or neglect.
- 2. All Home Again ICF staff were reminded of the Home Again ICF Abuse Policy and specifically the importance of immediate notification per the policy.
- Any future instances of late notification of an abuse allegation will be investigated by the administrator and the staff
  member responsible will be reprimanded and retrained.
- 4. These changes will have been completed as of 3/16/11.

#### W154

- The Administrator all of the investigations that occurred after July 2010 and ensure that lack of thorough documentation did not result in any harmful effects to the residents.
- 2. The Admiistrator will review all significant event forms and restraint forms to ensure that no investigations should have been conducted but were not and will complete investigations if indicated.
- The procedure for investigations has been changed to require complete documentation of all investigations into any allegation or suspicion of abuse or neglect. This documentation includes a detailed account of the allegation, witness

statements, documentation of interviews, notifications, any corrective actions taken, and the conclusion, including names and dates. The administrator will review all investigations to ensure they are complete and have been thoroughly documented.

4. These changes have been made as of 3/9/10.

#### W157

- 1. (1-2) The QMRP and AQMRP will review all of the investigations that occurred after July 2010 and document any corrective actions that took place to correct those issues and/or make corrective actions to address any issues as indicated.
- 3. The investigation procedure now includes a specific place to document all corrective actions taken as a result of the investigation including a detailed account of the allegation, witness statements, documentation of interviews including what questions were asked, any corrective action taken, notifications, and the conclusion. This information will include names and dates. The administrator will review all investigations to ensure they are complete and have been thoroughly documented.
- 4. These changes have been made as of 3/9/10.

#### W159

- 1. (1-2) The administrator has trained the new QMRP on the importance of consistent monitoring of behavior documentation and interventions for all residents.
- 3. The document titled QMRP Notes is being updated for the month of February for all residents to show the percentage of success and number of trials and any applicable comments regarding the progress of the resident. The information on maladaptive behaviors required in the narratives documented in the new QMRP Notes and Behavior Documentation Form. In this form, it states the total number of incidents for all inappropriate behaviors exhibited by the resident in that month, if the inappropriate behavior is increasing or decreasing in frequency and/or severity, if a resident has met the criteria for reducing the medication tied to a specific behavior, whether the instances of each type of behavior happened evenly throughout the month or whether most instances happened during one week or day in the month, and if any patterns have been found: for example does the behavior happen most often in a specific time of day or on a specific day of the week, or during a specific activity. The AQMRP will document any new or emerging behaviors and will notify the QMRP that these behaviors need to be assessed.

The behavior tallying has been updated to include only the behaviors currently being targeted with definitions of those behaviors and new or emerging behaviors will be added to the form to ensure that all mal-adaptive behaviors that are in the residents Positive Behavior Support Plans are being monitored and that new and emerging behaviors are identified early. Any behaviors identified on the past Behavior Tally Form that are not included in the resident's FUBA and PBSP have been assessed and included in the PBSP.

All administrative staff have been trained in the new policy titled Behavior Documentation and Behavior Modifying Medication that has been added to the policy and procedure manual. This procedure gives detailed instructions on how mal-adaptive behaviors will be documented, monitored, and addressed. It also gives detailed instructions on how to prepare a detailed report to take to a medication management appointment. This report will include the following information: What behaviors have been documented since the last visit? How many times have the behaviors occurred? Have the instances happened throughout the month or did most happen in one day or week? If so what happened in that week or day? Have the instances of the behavior been more severe or less severe since the last visit? Is there an assessment and plan for this behavior or is it new or emerging? What less restrictive interventions have been tried to address this behavior? Could this behavior be reduced by changing the environment? Is this behavior occurring as a reaction to a change or something happening in the resident's environment? Is there a plan in place to help the resident deal with the change? Is this change something we can control or change? Is this a change that is temporary or seasonal?

Does the IDT feel that the change in behavior (s) indicates a need for a change in the medication? Has the resident met the objective set out to reduce the attending medication?

The IDT including the QMRP, AQMRP, and the LPN will assess the identified mal-adaptive behaviors documented for all residents to ensure that all of the information required above is available for all of the behaviors for the month of February. This information will be included in February's updated QMRP Notes.

A new sleep documentation form is now being used for all residents to document the number of hours the resident sleeps and incidents of restlessness or wakefulness in the night. The QMRP and LPN will monitor the documentation of the resident's sleep to assess the need for any changes to the objectives or medication.

4. These changes will be made by 3/9/2011...

W166 - refer to the plan of correction for W149

#### <u>W214</u>

1. For individual #1, the resident's functional behavior assessment (FUBA) has been updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The new information in the FUBA for individual #1 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #1 and incorporated into the PBSP. The environmental factor of moving will be removed from the IPP because the assessment showed that it is no longer a contributing factor.

For individual #2, the resident's functional behavior assessment (FUBA) is being updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. Information is being included in the FUBA for individual #2 regarding the enjoyment that this resident is observed to experience from upsetting others and trying to get others in trouble. A behavior assessment for Running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation will be completed in the resident's FUBA. The new information in the FUBA for individual #2 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions.

For individual #3, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA will be updated to include agitation, physical intimidation, emotional outbursts (which includes verbal aggression), task avoidance, and property destruction. The resident has not demonstrated inappropriate sexual behaviors since admittance, so that behavior is no longer being monitored. If it occurs again it will be treated as a re-emerging behavior and will be included in the FUBA and PBSP. The assessment of restlessness will be broadened to include insomnia and a new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. The new information in the FUBA for individual #3 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions.

For individual #4, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA will be updated to include agitation and hyper-activity. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. A review of the ABC data revealed that emotional outbursts for this resident consisted of verbal aggression/intimidation and physical intimidation which are both assessed on the FUBA so the behaviors will not be documented as verbal aggression/intimidation or physical intimidation rather than emotional outburst. The new information in the FUBA for individual #4 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #4 and incorporated into the PBSP. The behaviors of refusing to attend school and socially offensive

behaviors has been removed from the FUBA and PBSP because these behaviors have not been displayed for more than 6 months. If they occurs again it will be treated as a re-emerging behavior and will be included in the FUBA.

- 2. The FUBA and PBSP for all residents will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and any environmental factors and how those things affect the mal-adaptive behaviors. All documented exhibited mal-adapted behaviors will be included in the FUBA and PBSP for each resident and behaviors that have not occurred in 6 months have been removed. The new information in the FUBA for all residents will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night for all residents to monitor for existing or new sleep issues as those residents who do not take medications to help them sleep do have differences in sleep as side effects of their medications. This will be completed by the IDT including The QMRP, the AQMRP, the LPN, the administrator, the residents, and other members as indicated.
- 3. The QMRP will monitor the behavior documentation and will update the FUBA and PBSP as needed to reflect major changes in the resident's behaviors or any new or emerging behaviors.
- 4. These changes will be made by 3/9/2011.

#### W227

1. For individual #2, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. Information will be included in the FUBA for individual #2 regarding the enjoyment that this resident is observed to experience from upsetting others and trying to get others in trouble. A behavior assessment for Running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation will be completed in the resident's FUBA. An assessment of emotional outbursts revealed that it fit into the definition for tantrums which has an assessment and objective, so this behavior is now being documented as tantrum and not emotional outbursts. The new information in the FUBA for individual #2 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. New IPP objectives will be added for running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation based on the behavior assessments for those behaviors in the FUBA.

For individual #1, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and the environmental factor of moving and how those diagnosis affect the mal-adaptive behaviors. The new information in the FUBA for individual #1 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #1 and incorporated into the PBSP and a new objective was created for this behavior.

For individual #3, the resident's functional behavior assessment (FUBA) was updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA was updated to include agitation, physical intimidation, emotional outbursts (which includes verbal aggression), task avoidance, and property destruction. New PBSP objectives were created for these behaviors based on the information in the FUBA. The resident has not demonstrated inappropriate sexual behaviors since admittance, so that behavior is no longer being monitored. If it occurs again it will be treated as a re-emerging behavior and will be included in the FUBA. The assessment of restlessness was broadened to include insomnia and a new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. The new information in the FUBA for individual #3 was used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions.

For individual #4, the resident's functional behavior assessment (FUBA) was updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA was updated to include agitation and hyper-activity and new PBSP objectives were created for those behaviors based on the information in

the FUBA. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. A review of the FUBA revealed that emotional outbursts for this resident consisted of verbal aggression/intimidation and physical intimidation which are both assessed on the FUBA so the behaviors will not be documented as verbal aggression/intimidation or physical intimidation rather than emotional outburst. verbal aggression The new information in the FUBA for individual #4 was used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors was added to the FUBA of individual #1 and incorporated into the PBSP and a new objective was created. The behaviors of refusing to attend school and socially offensive behaviors has been removed from the FUBA and PBSP because these behaviors have not been displayed for more than 6 months. If they occurs again it will be treated as a re-emerging behavior and will be included in the FUBA.

- 2. The FUBA and PBSP for all residents will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and any environmental factors and how those things affect the mal-adaptive behaviors. All documented exhibited mal-adapted behaviors will be included in the FUBA and PBSP including new PBSP objectives when indicated for each resident and behaviors that have not occurred in 6 months have been removed. The new information in the FUBA for all residents will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night for all residents to monitor for existing or new sleep issues as those residents who do not take medications to help them sleep do have differences in sleep as side effects of their medications. This will be completed by the IDT including The QMRP, the AQMRP, the LPN, the administrator, the residents, and other members as indicated.
- 3. The QMRP will monitor the behavior documentation monthly and will update the IPP as needed to reflect any major changes in the resident's behaviors or new or emerging behaviors based on updated FUBA.
- 4. These changes will be made by 3/9/2011.

#### W239

- 1. For individual #1, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.
  - For individual #2, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.
  - For individual #3, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.
  - For individual #4, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.
- 2. All replacement objectives for all residents have been reviewed by the administrator and QMRP. Any replacement objectives that did not identify a true alternative to the mal-adaptive behavior, that did not indicate how the resident was to be trained to achieve the objective, and/or was designed as an intervention when a resident was displaying mal-adaptive behavior, were revised to reflect true replacement objectives that reflected training the resident to manage their own behaviors during times of calm.
- 3. All future replacement objectives are created.
- 4. These changes will be completed as of 3/9/10.

- For individuals 1-4, staff have been retrained by the administrator on information that is needed to be included on an ABC form. Specifically, this documentation must include: specific details of the behavior including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, the progression of events, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful, and if any restrictive interventions were used.
- 2. Staff were trained to include this information for all behavior documentation for all residents.
- 3. New ABC forms have been created to document behavior. This form asks detailed question designed to elicit narrative information on specific details of the behavior including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, the progression of events, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful, and if any restrictive interventions were used.
  - The AQMRP will read all future ABC forms and will document any missing information on any of the forms and will use and document corrective actions taken to ensure that those mistakes do not reoccur.
- These changes have been made as of 3/9/10.

#### W262

 For individual #1, HRC approval will be obtained and documented for all restrictive interventions including behavior modifying medications.

For individual #2, Trazadone was discontinued due to lack of documented need as reported on the sleep documentation. HRC approval will be obtained and documented for all behavior modifying medications currently prescribed.

For individual #3, HRC approval will be obtained and documented for Trazadone.

For individual #4, HRC approval will be obtained and documented for all behavior modifying medications.

- The Administrator will review the charts of all residents and will obtain and document HRC consent for any restrictive interventions including behavior modifying medications that do not have informed consents from the HRC.
- 3. From this day forward, the AQMRP will ensure that verbal requests for informed consents are obtained from the HRC prior to any restrictive interventions being implemented. The Administrator will obtain written informed consent within 60 days of obtaining verbal consent. The QMRP will review the files of all residents monthly to ensure that HRC approvals are in place for all restrictive interventions and that verbal consents have not expired without written informed consents being obtained.
- 4. These changes have been made as of 3/16/10.

#### W263

1. For individual #1 new verbal informed consents from the parent will be obtained and we will send another request for written informed consents will be sent certified mail. The verbal informed consents will not have a 30 day expiration.

For individual #2, Trazadone was discontinued due to lack of documented need as reported on the sleep documentation. HRC approval will be obtained and documented for all behavior modifying medications currently prescribed.

For individual #3, parental informed consent will be obtained and documented for Trazadone.

For individual #4 and all other residents, the QMRP will review the charts of all residents and will obtain and document parental informed consent for any restrictive interventions including behavior modifying medications that do not have informed consents from parent/guardian in place.

- 2. The Administrator will review the charts of all residents and will obtain and document HRC consent for any restrictive interventions including behavior modifying medications that do not have informed consents from the HRC.
- 3. From this day forward, the AQMRP will ensure that verbal requests for informed consents are obtained from the parents/guardian prior to any restrictive interventions being implemented. The AQMRP will send a request for written informed consent by certified mail at the time of obtaining verbal consent. The QMRP will review the files of all residents monthly to ensure that parental informed consents are in place for all restrictive interventions and that if verbal consents are in place, documentation of continued attempts to obtain written informed consents is present.
- 4. These changes will be made as of 3/16/10.

- 1. For individual #2, The Trazadone was held while staff tried less restrictive interventions to help him sleep and documented his sleep. At the same time the Concerta was held due to the negative effects of the medication outweighing the benefits. The sleep documentation showed that the resident was able to consistently get to sleep and stay asleep and achieve the targeted amount of sleep per night without the use of Trazadone. This information was relayed to the prescribing doctor and the Trazadone was discontinued.
- For all residents, the QMRP and LPN will ensure that documentation of less restrictive interventions that have been tried and failed is in place before new restrictive interventions have been implemented.
- 3. The QMRP and LPN will ensure that documentation of less restrictive interventions that have been tried and failed will be in place before new restrictive interventions are implemented.
- 4. These changes will be made as of 3/9/10.

W289 - refer to the plan of correction for W239

#### W303

- Staff responsible for incomplete restraint forms have been trained and counseled on the importance of filling out all sections of the restraint forms completely.
- 2. All Staff were retrained on how to fill out a restraint documentation form. Specifically they were trained that all sections of the form must be completed, that either a detailed ABC form must be attached to the restraint form or the restraint form must include all of the information that is required to be on a ABC form. (Specific details of the behavior that made the restraint necessary including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, other less restrictive interventions tried, the progression of events including what happened before, during, and after the behavior, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful.) They were also retrained that each restraint must be documented as a different restraint on a different line with all information for each restraint filled out.
- 3. The QMRP will review all restraint documentation forms to ensure that they are filled out correctly. If any are not filled out correctly and/or indicate use of restraint that is not in line with the directions in the individual's PBSP, the QMRP will take corrective action and document the action taken.
- These changes will be made as of 3/9/10.

#### W312

 For individual #1, Medical plans of reduction have been put into place for all behavior modifying medications tied to the behaviors that they have been prescribed to treat.

- For Individual #2, Medical plans of reduction have been put into place for Abilify. Concerta and Trazadone have been discontinued.
- The LPN and QMRP review the IPP's for all residents to ensure that a medical plan of reduction is in place for all behavior modifying medications for all residents.
- 3. The LPN will ensure that a medical plan of reduction is in place for all behavior modifying medications for all residents. The LPN will also work with the QMRP and AQMRP to ensure that the plan of reduction is followed. The LPN will follow the new policy titled Behavior Documentation and Behavior Modifying Medication when reviewing medications with parents and doctors to ensure that medications are reduced as soon as indicated.
- 4. These changes have been made as of 3/9/10.

- Individual #2's Concerta was placed on a hold by the doctor and the IDT has determined that the negative effects of the medication do outweigh any positive benefit for the resident. (Documentation showed that the resident experienced negative personality changes and was unable to enjoy activities that he loved due to the effects of the Concerta) Therefore, although the FUBA has been amended to show that the resident's behaviors that are symptoms of his ADHD are severe and cause him to be socially isolated, inhibit his schooling options, decrease his potential for independence, and infringe on the rights of others, the LPN has informed the doctor of the documented negative effects of the medications and the IDT's recommendation that the medication be discontinued at the medication management appointment on 3/3/2011 and the Concerta was discontinued.
- The FUBAs for all residents are being reviewed by the AQMRP, QMRP and the LPN to ensure that the negative effects of the
  behaviors being treated by medications are outweighed by the benefits of the medication to the resident. If the benefits do
  not weight the use of the behavior modifying medications, the IDT will meet to determine what action should be taken to
  reduce or discontinue the medications.
- 3. The new policy titled Behavior Documentation and Behavior Modifying Medication ensures that new behavior modifying medications will not be given unless it is determined that the benefits of the medication outweigh the potentially harmful effects of the drugs. The LPN will be responsible to ensure that the policy is followed.
- 4. These changes have been completed as of 3/2/2011.

5.

MM177 - refer to the plan of corrections for W122, W149, W153, W154, and W157

MM182 - refer to the plan of correction for W303

MM192 - refer to the plan of correction for W278

**MM194** - refer to the plan of correction for W626 -262

MM196 - refer to the plan of correction for W263

MM197 - refer to the plan of correction for W289 and W312

MM212 - refer to the plan of correction for W266

MM725 - refer to the plan of correction for W159

MM729 - refer to the plan of correction forW227

MM730 - refer to the plan of correction for W214, and W252

MM855 - refer to the plan of correction for W239

Home Again ICF Plan of Corrections

Signature of Administrator_	The state of	200	Date: 3/2/2013	<u>i</u>

Key:

QMRP – Qualified Mental Retardation Professional LCSW - Licensed Clinical Social Worker LPN – Licensed Practical Nurse IPP – Individual Program Plan FUBA – Functional Behavior Assessment AQMRP – Assistant Qualified Mental Retardation Professional RN – Registered Nurse ABC – Antecedent, Behavior, Consequence PBSP – Positive Behavior Support Plan

- Describe what corrective actions will be accomplished for those individuals found to have been affected by the deficient practice.
- Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice and what corrective actions and what corrective actions will be taken.
- Describes what measures will be put into place or what systematic change will be made to ensure that the deficient
  practice does not reoccur. How will the corrective actions be monitored to ensure that the deficient practice will not
  reoccur, ie. What quality assurance program will be put into place.
- 4. What is the date that the corrective actions will be completed?

W122 refer to plan of corrections for W149

#### W149

- 1. (1-2.) As stated in the immediate plan of correction, all staff were trained prior to working with the residents that any individual who voiced suicidal ideation or made any type of suicidal gesture would be immediately placed on suicide watch with a 1:1 arm's length staff, a scale of suicidal ideation would be completed by trained staff and the results immediately called to the Licensed Clinical Social Worker (LCSW), the LCSW would gather any additional information needed, the direct care staff would follow the directions of the LCSW to ensure the safety of the resident.
- 3. The RN and QMRP will be trained by the LCSW in assessment and protection of residents who have shown suicidal ideation. Our suicide policy is being amended by the administrator to ensure that residents are protected from potential dangers and that suicidal ideation is sufficiently assessed and monitored. The Administrator will monitor to ensure that any future RNs or QMRPs are trained in assessment of suicidal ideation by the LCSW.
- These changes will have been completed as of 3/9/11.

#### <u>W153</u>

- The Administrator retrained the staff members responsible for late notifications of abuse on the importance of immediate notification of any allegation of abuse or neglect.
- 2. All Home Again ICF staff were reminded of the Home Again ICF Abuse Policy and specifically the importance of immediate notification per the policy.
- 3. The QMRP will review all ABC and significant event forms to monthly to ensure that staff are following policy and that any allegations of abuse are reported and investigated. The Administrator will monitor the QMRP to ensure that this is completed. Any future instances of late notification of an abuse allegation will be investigated by the administrator and the staff member responsible will be reprimanded and retrained.
- 4. These changes will have been completed as of 3/16/11.

#### W154

 The Administrator all of the investigations that occurred after July 2010 and ensure that lack of thorough documentation did not result in any harmful effects to the residents.

- 2. The Admiistrator will review all significant event forms and restraint forms to ensure that no investigations should have been conducted but were not and will complete investigations if indicated.
- 3. The procedure for investigations has been changed to require complete documentation of all investigations into any allegation or suspicion of abuse or neglect. This documentation includes a detailed account of the allegation, witness statements, documentation of interviews, notifications, any corrective actions taken, and the conclusion, including names and dates. The administrator will review all investigations monthly to ensure they are complete and have been thoroughly documented.
- 4. These changes have been made as of 3/9/11.

- 1. (1-2) The QMRP and AQMRP will review all of the investigations that occurred after July 2010 and document any corrective actions that took place to correct those issues and/or make corrective actions to address any issues as indicated.
- 3. The investigation procedure now includes a specific place to document all corrective actions taken as a result of the investigation including a detailed account of the allegation, witness statements, documentation of interviews including what questions were asked, any corrective action taken, notifications, and the conclusion. This information will include names and dates. The administrator will review all investigations monthly to ensure they are complete and have been thoroughly documented.
- These changes have been made as of 3/9/11.

#### W159

- 1. (1-2) The administrator has trained the new QMRP on the importance of consistent monitoring of behavior documentation and interventions for all residents.
- 3. The document titled QMRP Notes is being updated for the month of February for all residents to show the percentage of success and number of trials and any applicable comments regarding the progress of the resident. The information on maladaptive behaviors required in the narratives will be documented monthly in the new QMRP Notes and Behavior Documentation Form. In this form, it states the total number of incidents for all inappropriate behaviors exhibited by the resident in that month, if the inappropriate behavior is increasing or decreasing in frequency and/or severity, if a resident has met the criteria for reducing the medication tied to a specific behavior, whether the instances of each type of behavior happened evenly throughout the month or whether most instances happened during one week or day in the month, and if any patterns have been found; for example does the behavior happen most often in a specific time of day or on a specific day of the week, or during a specific activity. The AQMRP will document any new or emerging behaviors monthly and will notify the QMRP that these behaviors need to be assessed.

The behavior tallying has been updated to include only the behaviors currently being targeted with definitions of those behaviors and new or emerging behaviors will be added to the form to ensure that all mal-adaptive behaviors that are in the residents Positive Behavior Support Plans are being monitored and that new and emerging behaviors are identified early. Any behaviors identified on the past Behavior Tally Form that are not included in the resident's FUBA and PBSP have been assessed and included in the PBSP and this will continue to happen monthly by the QMRP.

All administrative staff have been trained in the new policy titled Behavior Documentation and Behavior Modifying Medication that has been added to the policy and procedure manual. This procedure gives detailed instructions on how mal-adaptive behaviors will be documented, monitored, and addressed. It also gives detailed instructions on how to prepare a detailed report to take to a medication management appointment. This report will include the following information: What behaviors have been documented since the last visit? How many times have the behaviors occurred? Have the instances happened throughout the month or did most happen in one day or week? If so what happened in that week or day? Have the instances of the behavior been more severe or less severe since the last visit? Is there an

assessment and plan for this behavior or is it new or emerging? What less restrictive interventions have been tried to address this behavior? Could this behavior be reduced by changing the environment? Is this behavior occurring as a reaction to a change or something happening in the resident's environment? Is there a plan in place to help the resident deal with the change? Is this change something we can control or change? Is this a change that is temporary or seasonal? Does the IOT feel that the change in behavior (s) indicates a need for a change in the medication? Has the resident met the objective set out to reduce the attending medication?

The IDT including the QMRP, AQMRP, and the LPN will assess the identified mal-adaptive behaviors documented for all residents monthly to ensure that all of the information required above is available for all of the behaviors for the month of February and in the future. This information will be included in February's updated QMRP Notes and all future QMRP notes.

A new sleep documentation form is now being used for all residents to document the number of hours the resident sleeps and incidents of restlessness or wakefulness in the night. The QMRP and LPN will monitor the documentation of the resident's sleep monthly to assess the need for any changes to the objectives or medication.

The Administrator will meet with the QMRP and LPN monthly to ensure that all of these things are being completed according to policy.

These changes will be made by 3/9/2011...

#### **W166**

- 1. (1-2.) As stated in the immediate plan of correction, all staff were trained prior to working with the residents that any individual who voiced suicidal ideation or made any type of suicidal gesture would be immediately placed on suicide watch with a 1:1 arm's length staff, a scale of suicidal ideation would be completed by trained staff and the results immediately called to the Licensed Clinical Worker (LCSW), the LCSW would gather any additional information needed, the direct care staff would follow the directions of the LCSW to ensure the safety of the resident.
- 3. The RN and QMRP will be trained by the LCSW in assessment and protection of residents who have shown suicidal ideation. Our suicide policy is being amended by the administrator to ensure that residents are protected from potential dangers and that suicidal ideation is sufficiently assessed and monitored. The Administrator will monitor to ensure that any future RNs or QMRPs are trained in assessment of suicidal ideation and ensuring resident safety by the LCSW within 30 days of hire and before they are able to make decisions about the safety of residents who have expressed suicidal ideation.
- 4. These changes will have been completed as of 3/9/11.

#### W214

1. For individual #1, the resident's functional behavior assessment (FUBA) has been updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The new Information in the FUBA for individual #1 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #1 and incorporated into the PBSP. The environmental factor of moving will be removed from the IPP because the assessment showed that it is no longer a contributing factor.

For individual #2, the resident's functional behavior assessment (FUBA) is being updated to include their Psychlatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. Information is being included in the FUBA for individual #2 regarding the enjoyment that this resident is observed to experience from upsetting others and trying to get others in trouble. A behavior assessment for Running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation will be completed in the resident's FUBA. The new information in the FUBA for individual #2 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions.

For individual #3, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA will be updated to include agitation, physical intimidation, emotional outbursts (which includes verbal aggression), task avoidance, and property destruction. The resident has not demonstrated inappropriate sexual behaviors since admittance, so that behavior is no longer being monitored. If it occurs again it will be treated as a re-emerging behavior and will be included in the FUBA and PBSP. The assessment of restlessness will be broadened to include insomnia and a new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. The new information in the FUBA for individual #3 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions.

For Individual #4, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA will be updated to include agitation and hyper-activity. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. A review of the ABC data revealed that emotional outbursts for this resident consisted of verbal aggression/intimidation and physical intimidation which are both assessed on the FUBA so the behaviors will not be documented as verbal aggression/intimidation or physical intimidation rather than emotional outburst. The new information in the FUBA for individual #4 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #4 and incorporated into the PBSP. The behaviors of refusing to attend school and socially offensive behaviors has been removed from the FUBA and PBSP because these behaviors have not been displayed for more than 6 months. If they occurs again it will be treated as a re-emerging behavior and will be included in the FUBA.

- 2. The FUBA and PBSP for all residents will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and any environmental factors and how those things affect the mal-adaptive behaviors. All documented exhibited mal-adapted behaviors will be included in the FUBA and PBSP for each resident and behaviors that have not occurred in 6 months have been removed. The new information in the FUBA for all residents will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night for all residents to monitor for existing or new sleep issues as those residents who do not take medications to help them sleep do have differences in sleep as side effects of their medications. This will be completed by the IDT including The QMRP, the AQMRP, the LPN, the administrator, the residents, and other members as indicated.
- The QMRP will monitor the behavior documentation monthly and will update the FUBA and PBSP as needed to reflect
  major changes in the resident's behaviors or any new or emerging behaviors. The administrator will meet with the QMRP
  monthly to review paperwork and ensure that this is completed.
- 4. These changes will be made by 3/9/2011.

#### W227

1. For individual #2, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. Information will be included in the FUBA for individual #2 regarding the enjoyment that this resident is observed to experience from upsetting others and trying to get others in trouble. A behavior assessment for Running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation will be completed in the resident's FUBA. An assessment of emotional outbursts revealed that it fit into the definition for tantrums which has an assessment and objective, so this behavior is now being documented as tantrum and not emotional outbursts. The new information in the FUBA for individual #2 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. New IPP objectives will be added for running Away, sexually inappropriate behaviors, physical intimidation, task avoidance, and Suicidal Ideation based on the behavior assessments for those behaviors in the FUBA.

For individual #1, the resident's functional behavior assessment (FUBA) will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and the environmental factor of moving and how those diagnosis affect the mal-adaptive behaviors. The new information in the FUBA for individual #1 will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the Interventions. Mal-adaptive sexual behaviors will be added to the FUBA of individual #1 and incorporated into the PBSP and a new objective was created for this behavior.

For individual #3, the resident's functional behavior assessment (FUBA) was updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA was updated to include agitation, physical intimidation, emotional outbursts (which includes verbal aggression), task avoidance, and property destruction. New PBSP objectives were created for these behaviors based on the information in the FUBA. The resident has not demonstrated inappropriate sexual behaviors since admittance, so that behavior is no longer being monitored. If it occurs again it will be treated as a re-emerging behavior and will be included in the FUBA. The assessment of restlessness was broadened to include insomnia and a new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. The new information in the FUBA for Individual #3 was used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the Interventions.

For individual #4, the resident's functional behavior assessment (FUBA) was updated to include their Psychiatric Diagnosis, behavior modifying medications, and how those diagnosis affect the mal-adaptive behaviors. The FUBA was updated to include agitation and hyper-activity and new PBSP objectives were created for those behaviors based on the information in the FUBA. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnia in the night. A review of the FUBA revealed that emotional outbursts for this resident consisted of verbal aggression/intimidation and physical intimidation which are both assessed on the FUBA so the behaviors will not be documented as verbal aggression/intimidation or physical intimidation rather than emotional outburst, verbal aggression. The new information in the FUBA for Individual #4 was used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. Mal-adaptive sexual behaviors was added to the FUBA of individual #1 and incorporated into the PBSP and a new objective was created. The behaviors of refusing to attend school and socially offensive behaviors has been removed from the FUBA and PBSP because these behavior have not been displayed for more than 6 months. If they occurs again it will be treated as a re-emerging behavior and will be included in the FUBA.

- 2. The FUBA and PBSP for all residents will be updated to include their Psychiatric Diagnosis, behavior modifying medications, and any environmental factors and how those things affect the mal-adaptive behaviors. All documented exhibited mal-adapted behaviors will be included in the FUBA and PBSP including new PBSP objectives when indicated for each resident and behaviors that have not occurred in 6 months have been removed. The new information in the FUBA for all residents will be used to update their Positive Behavior Support Plan (PBSP) to ensure continuity between the assessment and the interventions. A new sleep documentation form was instituted to document hours of sleep and incidents of restlessness and insomnla in the night for all residents to monitor for existing or new sleep issues as those residents who do not take medications to help them sleep do have differences in sleep as side effects of their medications. This will be completed by the IDT including The QMRP, the AQMRP, the EPN, the administrator, the residents, and other members as indicated.
- 3. The QMRP will monitor the behavior documentation monthly and will update the IPP as needed to reflect any major changes in the resident's behaviors or new or emerging behaviors based on updated FUBA.
- These changes will be made by 3/9/2011.

#### W239

 For individual #1, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA. For individual #2, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.

For individual #3, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.

For individual #4, the replacement objectives were changed to require a true alternative to the mak-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA.

- 2. All replacement objectives for all residents have been reviewed by the administrator and QMRP. Any replacement objectives that did not identify a true alternative to the mal-adaptive behavior, that did not indicate how the resident was to be trained to achieve the objective, and/or was designed as an intervention when a resident was displaying mal-adaptive behavior, were revised to reflect true replacement objectives that reflected training the resident to manage their own behaviors during times of calm.
- 3. All future replacement objectives will be completed by the QMRP as needed to identify a true replacement that meets the same function as the mal-adaptive behavior. The QMRP will review the IPP's at least quarterly or sooner if indicated to ensure that appropriate replacement objectives are in place for all residents.
- These changes will be completed as of 3/9/11.

#### W252

- For individuals 1-4, staff have been retrained by the administrator on information that is needed to be included on an ABC form. Specifically, this documentation must include: specific details of the behavior including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, the progression of events, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful, and if any restrictive interventions were used.
- 2. Staff were trained to include this information for all behavior documentation for all residents.
- 3. New ABC forms have been created to document behavior. This form asks detailed question designed to elicit narrative information on specific details of the behavior including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, the progression of events, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful, and if any restrictive interventions were used.
  - The AQMRP will read all future ABC forms monthly and will document any missing information on any of the forms and will use and document corrective actions taken to ensure that those mistakes do not reoccur.
- 4. These changes have been made as of 3/9/11.

### W262

 For individual #1, HRC approval will be obtained and documented for all restrictive interventions including behavior modifying medications.

For individual #2, Trazadone was discontinued due to lack of documented need as reported on the sleep documentation. HRC approval will be obtained and documented for all behavior modifying medications currently prescribed.

For individual #3, HRC approval will be obtained and documented for Trazadone.

For individual #4, HRC approval will be obtained and documented for all behavior modifying medications.

The Administrator will review the charts of all residents and will obtain and document HRC consent for any restrictive interventions including behavior modifying medications that do not have informed consents from the HRC.

- 3. From this day forward, the AQMRP will ensure that verbal requests for informed consents are obtained from the HRC prior to any restrictive interventions being implemented. The Administrator will obtain written informed consent within 60 days of obtaining verbal consent. The QMRP will review the files of all residents monthly to ensure that HRC approvals are in place for all restrictive interventions and that verbal consents have not expired without written informed consents being obtained.
- These changes have been made as of 3/16/11.

 For individual #1 new verbal informed consents from the parent will be obtained and we will send another request for written informed consents will be sent certified mail. The verbal informed consents will not have a 30 day expiration.

For individual #2, Trazadone was discontinued due to lack of documented need as reported on the sleep documentation. HRC approval will be obtained and documented for all behavior modifying medications currently prescribed.

For individual #3, parental informed consent will be obtained and documented for Trazadone.

For individual #4 and all other residents, the QMRP will review the charts of all residents and will obtain and document parental informed consent for any restrictive interventions including behavior modifying medications that do not have informed consents from parent/guardian in place.

- The Administrator will review the charts of all residents and will obtain and document HRC consent for any restrictive interventions including behavior modifying medications that do not have informed consents from the HRC.
- 3. From this day forward, the AQMRP will ensure that verbal requests for informed consents are obtained from the parents/guardian prior to any restrictive interventions being implemented. The AQMRP will send a request for written informed consent by certified mall at the time of obtaining verbal consent. The QMRP will review the files of all residents monthly to ensure that parental informed consents are in place for all restrictive interventions and that if verbal consents are in place, documentation of continued attempts to obtain written informed consents is present.
- These changes will be made as of 3/16/11.

#### W266 - See W278, W289, W303, W312, and W313

#### **W278**

- For individual #2, The Trazadone was held while staff tried less restrictive interventions to help him sleep and documented
  his sleep. At the same time the Concerta was held due to the negative effects of the medication outweighing the benefits.
  The sleep documentation showed that the resident was able to consistently get to sleep and stay asleep and achieve the
  targeted amount of sleep per night without the use of Trazadone. This information was relayed to the prescribing doctor
  and the Trazadone was discontinued.
- For all residents, the QMRP and LPN will ensure that documentation of less restrictive interventions that have been tried and falled is in place before new restrictive interventions have been implemented.
- The QMRP and LPN will ensure that documentation of less restrictive interventions that have been tried and failed will be in place before new restrictive interventions are implemented.
- 4. These changes will be made as of 3/9/11.

#### W289

For individual #1, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors
based on the identified functions of those behaviors in the updated FUBA and new training data sheets have been created
to instruct on how to train the resident in those replacement behaviors.

For individual #2, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA, and new training data sheets have been created to instruct on how to train the resident in those replacement behaviors.

For individual #3, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA and new training data sheets have been created to instruct on how to train the resident in those replacement behaviors..

For individual #4, the replacement objectives were changed to require a true alternative to the mal-adaptive behaviors based on the identified functions of those behaviors in the updated FUBA and new training data sheets have been created to instruct on how to train the resident in those replacement behaviors.

- 2. All replacement objectives for all residents have been reviewed by the administrator and QMRP. Any replacement objectives that did not identify a true alternative to the mal-adaptive behavior, that did not indicate how the resident was to be trained to achieve the objective, and/or was designed as an intervention when a resident was displaying mal-adaptive behavior, were revised to reflect true replacement objectives that reflected training the resident to manage their own behaviors during times of calm and new training data sheets have been created to instruct on how to train the resident in those replacement behaviors.
- 3. All future replacement objectives will be completed by the QMRP as needed to identify a true replacement that meets the same function as the mal-adaptive behavior. The QMRP will review the IPP's at least quarterly or sooner if indicated to ensure that appropriate replacement objectives are in place for all residents and new training data sheets will be created to instruct on how to train the resident in those replacement behaviors.
- These changes will be completed as of 3/9/11.

#### W303

- Staff responsible for incomplete restraint forms have been trained and counseled on the importance of filling out all sections of the restraint forms completely.
- 2. All Staff were retrained on how to fill out a restraint documentation form. Specifically they were trained that all sections of the form must be completed, that either a detailed ABC form must be attached to the restraint form or the restraint form must include all of the information that is required to be on a ABC form. (Specific details of the behavior that made the restraint necessary including number of times the behavior occurred, duration, what the behavior looked, sounded, and/or felt like, other options presented to the resident, other less restrictive interventions tried, the progression of events including what happened before, during, and after the behavior, the timing and progression of staff interventions and the response to staff interventions, if the interventions were successful.) They were also retrained that each restraint must be documented as a different restraint on a different line with all information for each restraint filled out.
- 3. The QMRP will review all restraint documentation forms to ensure that they are filled out correctly. If any are not filled out correctly and/or indicate use of restraint that is not in line with the directions in the individual's PBSP, the QMRP will take corrective action and document the action taken.
- These changes will be made as of 3/9/11.

### <u>W312</u>

 For individual #1, Medical plans of reduction have been put into place for all behavior modifying medications tied to the behaviors that they have been prescribed to treat.
 For Individual #2, Medical plans of reduction have been put into place for Ability. Concerts and Trazadone have been discontinued.

- 2. The LPN and QMRP review the IPP's for all residents to ensure that a medical plan of reduction is in place for all behavior modifying medications for all residents.
- 3. The LPN will ensure that a medical plan of reduction is in place for all behavior modifying medications for all residents. The LPN will also work with the QMRP and AQMRP to ensure that the plan of reduction is followed. The LPN will follow the new policy titled Behavior Documentation and Behavior Modifying Medication when reviewing medications with parents and doctors to ensure that medications are reduced as soon as the criteria has been met as outlined in the medical plans of reduction unless indicated by the IDT.
- 4. These changes have been made as of 3/9/11.

- Individual #2's Concerta was placed on a hold by the doctor and the IDT has determined that the risk of the behaviors treated by the medication did not outweigh the harmful side effects of the medication. (Documentation showed that the resident experienced negative personality changes and was unable to enjoy activities that he loved due to the effects of the Concerta) Therefore, although the FUBA has been amended to show that the resident's behaviors that are symptoms of his ADHD are severe and cause him to be socially isolated, inhibit his schooling options, decrease his potential for independence, and infringe on the rights of others, the LPN has informed the doctor of the documented negative effects of the medications and the IDT's recommendation that the medication be discontinued at the medication management appointment on 3/3/2011 and the Concerta was discontinued.
- 2. The FUBAs for all residents are being reviewed by the AQMRP, QMRP and the LPN to ensure that risk of behavior outwelphs the potential harm from the medications. If the risk of behaviors do not weight the potential harm of the behavior modifying medications, the IDT will meet to determine what action should be taken to reduce or discontinue the medications.
- 3. The new policy titled Behavior Documentation and Behavior Modifying Medication ensures that new behavior modifying medications will not be given unless it is determined that the risk of behavior outweighs the potential harm from the medications. The LPN will be responsible to ensure that the policy is followed.
- These changes have been completed as of 3/2/2011.

MM177 - refer to the plan of corrections for W122, W149, W153, W154, and W157

MM182 - refer to the plan of correction for W303

MM192 - refer to the plan of correction for W278

MM194 - refer to the plan of correction for W626

MM196 - refer to the plan of correction for W263

MM197 - refer to the plan of correction for W289 and W312

MM212 - refer to the plan of correction for W266

MM725 - refer to the plan of correction for W159

MM729 - refer to the plan of correction for W227

MM730 - refer to the plan of correction for W214, and W252

MM855 - refer to the plan of correction for W239